

# Christian Life School of Theology Global Christian Life Educators Network

6171 Gateway Dr. • Columbus, GA 31909 • Phone: (706) 323-0847



## Request for Evaluation of Prior Learning

Name: \_\_\_\_\_ Social Security / ID Number: \_\_\_\_\_

Student Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

School Attending: \_\_\_\_\_ School E-Mail Address: \_\_\_\_\_

Director: \_\_\_\_\_

### All documentation must accompany this form.

**1. Accredited Schools Attended (Non-Theological)** Attach an **official** transcript for each school listed. For non-US schools, provide information regarding accreditation of the school. Semester credit hours must be earned at a "C" or higher.

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**2. Accredited Schools Attended (Theological)** Attach an **official** transcript for each school listed. For Non-US schools, provide information regarding accreditation of the school. Semester credit hours must be earned at a "C" or higher for undergraduate work and a "B" or higher for graduate work.

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**3. Non Accredited Schools/Courses Attended (Theological)** Attach a transcript for each school listed.

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**4. Ministerial Experience** Attach a brief resume of experience in chronological order. List positions held by dates, indicating if it is full time or part time ministry. Describe the special skills, knowledge, and abilities gained in each position. Attach supporting documents such as ordination or licensing certificates, etc.

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Note: Except for accredited institution work, students will be required to pay \$10:00 per unit awarded.

Signature \_\_\_\_\_ Date \_\_\_\_\_