

# CAROLINA BIBLE INSTITUTE AND SEMINARY

## Life Experience Credit Evaluation Form

*For Ministry Students Seeking Credit Based on Prior Learning*

### SECTION 1: STUDENT INFORMATION

Full Name

Date of Birth

Phone Number

Email Address

Mailing Address

### SECTION 2: AREAS FOR CREDIT EVALUATION

Check all that apply. Indicate the duration (months/years) and provide a brief explanation of your role and responsibilities.

Ministry Area	Duration	Explanation of Experience
<input type="checkbox"/> Pastoral Ministry		
<input type="checkbox"/> Teaching/Preaching		
<input type="checkbox"/> Youth Ministry		
<input type="checkbox"/> Music Ministry		
<input type="checkbox"/> Mission Work		
<input type="checkbox"/> Christian Counseling		
<input type="checkbox"/> Church Leadership		
<input type="checkbox"/> Biblical Studies (Non-accredited)		

## SECTION 2: AREAS FOR CREDIT EVALUATION (CONTINUED)

<input type="checkbox"/> Christian Ed (Sunday School/ VBS)		
<input type="checkbox"/> Other: _____		

## SECTION 3: PASTOR OR MINISTRY LEADER ENDORSEMENT

To be completed by someone familiar with the student's ministry experience.

**Endorser Name**

**Title/Position**

\_\_\_\_\_

**Phone**

**Email**

\_\_\_\_\_

**Church/Ministry Name**

\_\_\_\_\_

*"I affirm that the applicant has faithfully served in the areas described above and that these experiences have provided them with meaningful ministry development."*

**Signature**

**Date**

\_\_\_\_\_

### SECTION 4: OFFICE USE ONLY

**Reviewed By**

**Date Reviewed**

\_\_\_\_\_

**Total Credits Awarded**

**Credits Applied Toward Program**

\_\_\_\_\_

**Status:**  Approved  Denied  More Information Needed