

**I WISH TO BECOME A DEGREE STUDENT – CREDIT TRANSFER EVALUATION**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ DOB \_\_\_\_\_ ID No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Country \_\_\_\_\_ Degree Program \_\_\_\_\_ Date \_\_\_\_\_

\* Please list all the institutions you have attended, the years you were there and the awards you earned. Please list all the courses, seminars, symposiums and training classes you have attended, the number of classes in each and their length, and the year attended. After your academic background is evaluated, a determination is be made as to the number of credits you will be able to transfer. Be prepared to verify your claims should you be asked. Please submit the One-time Non-refundable Credit Evaluation and Registration Fee of \$100.00

**INSTITUTIONS/COURSES**

**Duration Year Awards**

**OFFICAL USE**

**FORMAL EDUCATION:** University / College / Bible School / Business


**INFORMAL TRAINING:** Courses / Seminar / Conference / Training


**FORMAL MINISTRY:** Pastor, Missions, Teacher, Counselor (5x years)
