

# BETHEL CHRISTIAN UNIVERSITY

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## ACADEMIC TRANSFER AND LIFE EXPERIENCE CREDIT EVALUATION REQUEST FORM

Print and complete this Form to find out where you are academically fitted with your past ministerial experience.

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date Born Again \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Position: \_\_\_\_\_

Employed By: \_\_\_\_\_

Please be thorough and complete to ensure accurate evaluation of your academic record.

COLLEGE/UNIVERSITY/ SEMINARY ATTENDED	MAJOR AREA OF STUDY	GRADUATION (CIRCLE ONE)		NAME OF DEGREE IF EARNED	NUMBER OF SEMESTER CREDIT HOURS EARNED
		Yes	No		

Indicate the number of College level credits in each area below. Please indicate if TRANSCRIPT(S) are currently available or unavailable.

<u>CREDITS</u>	<u>CREDITS</u>	<u>CREDITS</u>	<u>OTHERS</u>
_____ Arts/History	_____ Languages	_____	_____
_____ Biblical Theology	_____ Maths/Science	_____	_____
_____ Business Administration	_____ Pastoral Ministry	_____	_____
_____ Education	_____ Social Science	_____	_____

Degree Program Selected \_\_\_\_\_

Concentration (Major Area) \_\_\_\_\_

Enclosed is my non-refundable evaluation fee of \$ \_\_\_\_\_

### **LIFE LEARNING AND MINISTRY EXPERIENCE SECTION.**

Please include your Resume and Transcripts when sending this form. (Please see the sample/guideline of preparation of Life Experience Resume in our web page or catalog).

### ATTESTATION

I attest that the information I have provided for the above questions are true.

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