

BETHEL CHRISTIAN UNIVERSITY

P. O. BOX 4086, TOPEKA KS. 66604 USA.
 TEL: 1 (785) 430-4422 – E-mail: info@bcuks.org

(All correspondence by E-mail OR Postal address only)
Fill out this FORM ONLINE, SIGN and SUBMIT or PRINT, SCAN, and E-mail it to the University.

ACADEMIC TRANSFER AND LIFE EXPERIENCE CREDIT EVALUATION REQUEST FORM

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

Name: _____ Gender: _____

Date of Birth: _____

Address: _____

Telephone: _____ E-mail: _____

Occupation: _____ Position: _____

Employed By: _____

NB: Please be thorough and complete to ensure the right evaluation of your academic record.

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

To Which program are you seeking admission? (Please tick only one).

Certificate Diploma Advanced Diploma Associate Degree Bachelor Degree

Masters' Degree Doctorate Degree Post-Doctorate Degree Degrees by Thesis/Dissertation

Degrees by Course Works:

Choose ONE area of concentration:

Biblical Studies Theology Christian Counseling Christian Education Christian Missions
 Divinity Church Administration Religious Education Christian Ministry Christian Administration

Degrees By Thesis/Dissertation or Study Syllabus:

Choose ONE area of concentration:

Practical Theology Systematic Theology Pastoral Ministry Organizational Leadership
 Christian World Missions Church Growth Church Administration Religious Education
 Marriage and Family Studies Christian Education Church Management Christian Leadership

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: _____

Enclosed is my non-refundable evaluation fee of \$50.00

LIFE LEARNING AND MINISTRY EXPERIENCE SECTION. Please include your Christian, Ministry Resume and Transcripts when sending this form.

ATTESTATION: I attest that the information provided on the above questions is true.

Signature: _____ Date: _____