

Christian Life Educators Network

6003 Veterans Parkway • Columbus, GA 31909 • Phone: (706) 323-0847 • Fax: (706) 653-8023



Request for Evaluation of Prior Learning

Name: _____ Social Security Number: _____

Student Address _____

City: _____ State: _____ Zip Code: _____

Date of Enrollment: _____ E-mail Address: _____

School Attending: _____ School E-Mail Address: _____

Director: _____

- 1. Accredited Schools Attended (Non-Theological)** Must 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.

College	Location	Degree	Semester Credit Hours @ "C" or Higher GPA

- 2. Accredited Schools Attended (Theological)** Must 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.

College	Location	Degree	Semester Credit Hours

- 3. Non Accredited Schools/Courses Attended (Non-Theological)** Units are usually not awarded for this work. Must attach an **official** transcript for each school listed. Submit information regarding number of class hours or CEUs earned, faculty qualifications, course descriptions, use of textbooks, examinations, and work required to complete the course(s).

School	Location	Course Name	Number of Class Hours

- 4. Non Accredited Schools/Courses Attended (Theological)** Must attach an **official** transcript for each school listed. Submit information regarding number of class hours or CEU earned, faculty qualifications, course descriptions, use of textbooks, examinations, and work required to complete the course(s).

School	Location	Course Name	Number of Class Hours

- 5 Ministerial Experience** Must 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.

Note: Except for accredited institution work, students will be required to pay \$10:00 per unit awarded. List only that training and experience for which you are prepared to pay this fee.

Signature of Student

Signature of Chancellor

Date