



LIFESTYLE INTERNATIONAL CHRISTIAN UNIVERSITY

MINISTRY LIFE EXPERIENCE FORM

Dear Student or Faculty Member,

This Form is to recognize and award academic credits to students who have been ministering the Word of God for an admissible time.

LICU offers '*Ministry Life Experience Credits*' based on academic guidelines that allow you to apply for all your ministerial experience and receive up to 30 undergraduate credits and 9 graduate credits.

If you feel that you can show a number of years of preaching and / or teaching based on the Word of God you may fill out this form and return it with your student (*or faculty*) application to the LICU office for your formal assessment. Please also attach an MLE Application Fee of 35 EUR (*This is separate to the Application Fee for the Student or Instructor Application*).

Upon completion of your assessment you will receive a letter stating the amount of MLE credit hours you are eligible for and the MLE award fee that you are being charged based on following calculation:

1 MLE Undergraduate Credit Hour 10 EUR
with a maximum of 30 undergraduate credits hours

1 MLE Graduate Credit Hour 15 EUR
with a maximum of 9 graduate credit hours

Please note that there are no MLE credit hours awarded for post-graduate (*doctoral*) students.

For any questions please contact your LICU office and we will be glad to help you.

“LifeStyle International Christian University”

Email: _____
Telephone: _____
Fax: _____





LIFESTYLE INTERNATIONAL CHRISTIAN UNIVERSITY

MINISTRY LIFE EXPERIENCE FORM

1. PERSONAL INFORMATION

Student Name:	Student ID:
Date:	Signature:

2. MINISTRY EXPERIENCE NO. 1

Your Involvement: <i>(PLEASE CHECK ONE)</i> <input type="checkbox"/> Pastoring <input type="checkbox"/> Evangelism <input type="checkbox"/> Missionary <input type="checkbox"/> Teaching <input type="checkbox"/> Lay Minister <input type="checkbox"/> Youth <input type="checkbox"/> Children <input type="checkbox"/> Helps <input type="checkbox"/> Music–vocal–instrumental, which? _____ <input type="checkbox"/> Radio / TV <input type="checkbox"/> Counselling <input type="checkbox"/> Other _____	
Church/Ministry Name and Denomination, if any:	
Church/Ministry Address:	City:
Region/district:	Post Code:
Country:	Telephone No:
Supervisor <i>(Name and Title)</i> :	
Your Title	Duration: from _____ to _____
Your Duties and Responsibilities:	
Accomplishments:	

*Please make additional copies of this form as needed.
You may also attach extra sheets for further explanations.*



MINISTRY EXPERIENCE NO. _____

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Church/Ministry Address:	City:
Region/district:	Post Code:
Country:	Telephone No:
Supervisor <i>(Name and Title)</i> :	
Your Title	Duration: from _____ to _____
Your Duties and Responsibilities:	
Accomplishments:	

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