

STUDIES INFORMATION

FORM C – MINISTRY ASSESSMENT

To receive credit at the Credential's Meeting this form must be completed and submitted by the deadline indicated on the Applicate Checklist.

Name: _____

Type of License Currently Held: *(Local or District)* _____

Ministry Track: *(Elder or Deacon)* _____

Classes Complete This Year: (List Classes & Institution Below)

Class Title	Institution (College, Carolina School of Ministry, etc.)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: A transcript must be enclosed for all completed Classes.

Classes Currently Enrolled In:

Class Title	Institution (College, Carolina School of Ministry, etc.)	Do You Anticipate A Passing Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Information: