



Dear Living Word Ministry University Student or Faculty Member:

Thank you for your interest in obtaining Ministry Life Experience (MLE) credit.

This letter is to clarify the purpose of MLE credit and who should apply for it. MLE credit was created to recognize: 1) Individual academic study, and 2) The preaching or teaching of God's Word. Most ministry of helps experience—though it makes an extremely valuable contribution to the overall well-being of the local church and to a Christian's preparation for fulltime ministry—does not count towards MLE credit.\*

Teaching or preaching in formal classes sanctioned by the church and within the church will qualify, such as adult services, children's church, and youth services. To qualify for MLE credit, the majority of the material presented should result from the instructor's own study of the Word of God and not rely solely upon use of pre-printed curriculum. MLE credit will also be awarded for evangelistic speaking engagements, as well as teaching or preaching over radio, television, and the Internet. Conducting Sunday school classes, home Bible studies, or cell groups do *not* count toward MLE credit.

To earn MLE credit, you must have a minimum of one of the following:

- One year of experience as a full-time, Senior Pastor teaching or preaching the Word of God.
- Two years in full-time ministry, teaching or preaching the Word of God.
- Three years of experience in part-time ministry, teaching or preaching the Word of God.

Please do not send certificates, awards, documents, news articles, etc. These will not increase your MLE credit. Any published books, tapes, or CDs submitted to substantiate credit for teaching will not be returned.

If you feel you qualify for MLE credit, complete the enclosed form and make a payment of \$35 for the MLE application fee, payable to your local campus. The MLE Application must be received by the Registrar's Office within 60 days of your application date in order to avoid an additional assessment fee of \$50. The Registrar's Office at the Main Campus will review your application and award credits for *all* qualifying life experience. They will send you a letter showing the MLE credits for which you are eligible and the total fee due.

**IF MLE CREDITS ARE AWARDED:** The fees for MLE credit are \$10 per credit-hour awarded at the undergraduate (bachelor's) level and \$15 per credit-hour-awarded at the graduate (master's) level. You will have 60 days from the date of your MLE Award Letter to pay the MLE Credit Awarded Fees. The maximum MLE credits that can be awarded are 30 credit-hours for undergraduate students and 9 credit-hours for graduate students. No MLE credits can be awarded for post-graduate (doctoral) level students.

# MINISTRY LIFE EXPERIENCE (MLE) APPLICATION

DATE: \_\_\_\_\_ EXTENSION CAMPUS CODE: \_\_\_\_\_ - \_\_\_\_\_

**IMPORTANT:** Please print or type. Answer all questions. Application will not be processed unless all questions are answered (use "N/A" if not applicable); the application must be signed and dated. A \$35 Application Fee must be included. Please retain a photocopy of the completed form for your records.

## 1. PERSONAL INFORMATION

STUDENT NUMBER	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> REV. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/> DR.	LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> SR. <input type="checkbox"/> JR. <input type="checkbox"/> _____	MAIDEN NAME, IF APPLICABLE
SOCIAL SECURITY NUMBER	OCCUPATION	SIGNATURE: BY MY SIGNATURE, I CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE, ACCURATE, AND VERIFIABLE TO THE BEST OF MY KNOWLEDGE.				

## 2. MINISTRY EXPERIENCE INFORMATION

<b>MINISTRY EXPERIENCE #1</b>	INVOLVEMENT: <input type="checkbox"/> SENIOR PASTOR <input type="checkbox"/> MISSIONARY <input type="checkbox"/> ITINERANT TEACHER <input type="checkbox"/> CHILDREN'S MINISTER <input type="checkbox"/> MUSIC MINISTER <input type="checkbox"/> ADMINISTRATOR <input type="checkbox"/> RADIO / TV (CHECK ONE) <input type="checkbox"/> ASST. PASTOR <input type="checkbox"/> EVANGELIST <input type="checkbox"/> CHAPLAIN <input type="checkbox"/> YOUTH MINISTER <input type="checkbox"/> LAY MINISTER <input type="checkbox"/> COUNSELOR <input type="checkbox"/> OTHER (PLEASE SPECIFY)					
	CHURCH / MINISTRY NAME					
	ADDRESS			CITY	STATE / PROVINCE	
				POSTAL CODE	COUNTRY	
	VERIFYING STAFF MEMBER NAME & TITLE				PHONE NUMBER (WITH AREA CODE)	
	YOUR TITLE	WERE YOU: <input type="checkbox"/> FULL-TIME PAID STAFF <input type="checkbox"/> PART-TIME PAID STAFF <input type="checkbox"/> VOLUNTEER STAFF			START DATE (MM/YYYY)	STOP DATE (MM/YYYY) <input type="checkbox"/> ONGOING?
	YOUR DUTIES AND RESPONSIBILITIES					
	ACCOMPLISHMENTS (WHAT PROJECTS AND/OR PROGRAMS DID YOU DEVELOP OR IMPLEMENT? WHAT WERE THE RESULTS OF YOUR EFFORTS?)					

## MINISTRY EXPERIENCE INFORMATION (CONTINUED)

<b>EXPERIENCE #</b> _____	INVOLVEMENT: <input type="checkbox"/> SENIOR PASTOR <input type="checkbox"/> MISSIONARY <input type="checkbox"/> ITINERANT TEACHER <input type="checkbox"/> CHILDREN'S MINISTER <input type="checkbox"/> MUSIC MINISTER <input type="checkbox"/> ADMINISTRATOR <input type="checkbox"/> RADIO / TV (CHECK ONE) <input type="checkbox"/> ASST. PASTOR <input type="checkbox"/> EVANGELIST <input type="checkbox"/> CHAPLAIN <input type="checkbox"/> YOUTH MINISTER <input type="checkbox"/> LAY MINISTER <input type="checkbox"/> COUNSELOR <input type="checkbox"/> OTHER (PLEASE SPECIFY)			
	CHURCH / MINISTRY NAME			
	ADDRESS		CITY	STATE / PROVINCE
			POSTAL CODE	COUNTRY
	VERIFYING STAFF MEMBER NAME & TITLE			PHONE NUMBER (WITH AREA CODE)
	YOUR TITLE		WERE YOU: <input type="checkbox"/> FULL-TIME PAID STAFF <input type="checkbox"/> PART-TIME PAID STAFF <input type="checkbox"/> VOLUNTEER STAFF	
			START DATE (MM/YYYY)	STOP DATE (MM/YYYY) <input type="checkbox"/> ONGOING?
	YOUR DUTIES AND RESPONSIBILITIES			
ACCOMPLISHMENTS (WHAT PROJECTS AND/OR PROGRAMS DID YOU DEVELOP OR IMPLEMENT? WHAT WERE THE RESULTS OF YOUR EFFORTS?)				

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	CHURCH / MINISTRY NAME			
	ADDRESS		CITY	STATE / PROVINCE
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	VERIFYING STAFF MEMBER NAME & TITLE			PHONE NUMBER (WITH AREA CODE)
	YOUR TITLE		WERE YOU: <input type="checkbox"/> FULL-TIME PAID STAFF <input type="checkbox"/> PART-TIME PAID STAFF <input type="checkbox"/> VOLUNTEER STAFF	
			START DATE (MM/YYYY)	STOP DATE (MM/YYYY) <input type="checkbox"/> ONGOING?
	YOUR DUTIES AND RESPONSIBILITIES			
ACCOMPLISHMENTS (WHAT PROJECTS AND/OR PROGRAMS DID YOU DEVELOP OR IMPLEMENT? WHAT WERE THE RESULTS OF YOUR EFFORTS?)				

MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED.

07/14/09

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