



ADDENDUM ONE

DEGREE ASSESSMENT & APPLICATION INFORMATION

(THIS MAY BE PHOTOCOPIED)

NEW COVENANT INTERNATIONAL UNIVERSITY

7255 S. MILITARY TRAIL
LAKE WORTH, FLORIDA 33463-7899 USA

Ph: 1 (561) 965-4166/965-0373
Fax: 1 (561) 965-3132/965-6665

DEGREE ASSESSMENT & APPLICATION INFORMATION

The documents that you submit to the University form the basis of our evaluation for your past academic achievements and life experiences. It is important, therefore, that you be as detailed as possible, and adhere to our standardized documentation format in order that we may give you as balanced an assessment as possible.

STANDARDIZED FORMAT REQUIREMENTS

1. Use only either 8 1/2" X 11" or A4 size page, according to the standard in your nation.
 2. Double space your presentation, using this page as a model for margins.
 3. Submit documentary evidence with your resume. Do not send originals — photo copies only. Please date and initial all copies.
 - Note: The University understands the difficulties some applicants may encounter obtaining documentary evidence of prior achievement. We reserve the right to withhold diploma or degree certificates until documentary requirements are satisfied or other arrangements agreed to. Where documentary evidence of prior achievement is unavailable, the applicant is requested to present a statement of his/her academic attainment, given in the presence of a Notary Public, Justice of the Peace, Juris Doctor, etc.
 - Examples of supporting documents:
Educational reports, grade sheets, certificates and diplomas; Bible school or college reports, diplomas, ministerial and ordination certificates and licenses.
 4. If you desire to apply for Advanced Standing status by practical ministry and/or life credits, you must be currently involved in a functional role of Christian ministry or service. Verification of such ministry or service must accompany your application on official letterhead from the organization you serve. Others should request a covering letter from their senior pastor/minister or leader stating their role in the organization and length of service to date. You must include a bibliography of your library and identify 40 current texts that you have read completely.
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NEW COVENANT INTERNATIONAL THEOLOGICAL SEMINARY

P. O. Box 5385

Lake Worth, Florida 33466 U.S.A.

TRANSCRIPT REQUEST FORM

To: Registrar or appropriate official

I am enrolled at New Covenant International Theological Seminary.
It is important that my academic record from your institution be sent without delay. Please bill me if there is any charge and send an official transcript to:

The Registrar
New Covenant International Theological Seminary
P. O. Box 5385
Lake Worth, Florida 33466 U.S.A.

Full Name _____
First Middle Last Former or maiden

Social Security Number: ____ - ____ - ____ Date: _____
Month Day Year

Date of Attendance: FROM: _____ TO: _____
Month Day Year Month Day Year

Current Address: _____
Street

_____ City State Zip Country

E-Mail: _____

Thank you,

_____ Signature Date

- College Transcript
- High School Transcript/GED scores Date of Graduate/Test: _____
- Credit by Examination Scores Date(s) taken: _____

- Send an unofficial copy of my records to my current address for my personal files.

CHARACTER DETAILS

1. Submit two (2) character references, indicating your standing in the Christian community. Preferably, they should be from people outside your own local congregation.
2. Submit a letter from your pastor or pastoral supervisor acknowledging their support of your involvement in this program.

STATEMENT OF PURPOSE

Why do you want to complete a degree with NCI? (Use a separate sheet of 8 1/2" X 11" or A4 paper).

BIBLIOGRAPHY

If you are applying for Advanced Standing status, you must include a bibliography of your library listing at least 40 current books (title, author, publisher, date published, page count) that you have read completely.

SAMPLE OF LEARNING CREDITS

To assist you in completing the Learning Credits Evaluation sheets, we have set out some examples (Our office will complete the NCI column).

1. INSTITUTIONAL LEARNING CREDITS (SAMPLE)

Courses Completed & Institution	Year	Grade	Cr. Hrs.	NCI
1. B.A. (B. Th.), I.C.I. Brussels	1984	B+	120.00	
2. Dip. Education Nat. Inst. Ed., Washington D.C.	1986	A-	3.00	
3. Licensed Family Therapist, Nat. Christian Counselors Association, Orlando, Florida	1990	A-	30.00	

2. NON-INSTITUTIONAL LEARNING CREDITS (SAMPLE)

Description (Course/Seminar, Organization, etc.)	Year	Contact Hours	Assignment Hours	NCI
1. Bill Gothard, Basic Youth Conflicts Sem. Atlanta	1985	32.00	6.00	
2. Family & Marriage Encounter, M. R. E. Dallas, TX.	1985	12.00	36.00	
3. Perspectives on World Christian Movement, Bible Church Center, Dallas, TX	1988	48.00	96.00	
4. Performax Behavioral Assn., Christian Leadership Development Institute, Atlanta, GA	1989	24.00	60.00	

BE SURE TO INCLUDE PHOTOCOPIES OF ALL TRANSCRIPTS, COURSE RECORDS, CERTIFICATES, ETC. TO SPEED VERIFICATION.

3. CHRISTIAN EXPERIENCES AND SERVICES (SAMPLES)

YEAR	DESCRIPTION
1987	Became a Christian through Dr. Billy Graham Crusade, and joined Dallas Christian Center as founding member.
1989	Went through Leadership Course following Discipleship Program, and became Cell-Group Leader.
1990	Joined D.C.C. as salaried worker, responsible to Youth Pastor and Ministry Team.
1991	Commenced studies with I.C.I. to do Bachelor of Arts Degree by correspondence.
1993	Made Pastoral Associate with D.C.C. - responsible for preaching in daughter churches, and sectional Cell-Group Supervisor, overseeing 600 members.
1994	Completed B.A. degree and went on Missions Trip to Sabah, West Malaysia, 3 weeks preaching, teaching, etc.
1993- 1995	Produced a Foundational Bible Doctrine Course for new converts, 16 lessons with written home study assignments. Produced a 4-day intensive Marriage Enrichment Program to revitalize marriages (notes available, etc.)

NCI — INSTITUTIONAL & ACADEMIC LEARNING CREDITS EVALUATION

Surname: _____ First: _____
 Address: _____
 Passport/ID No.: _____
 Telephone Numbers (Include country and area codes)
 Home: _____ Business: _____ Fax: _____ E-Mail: _____

Courses Completed & Institution	Year	Grade	Cr. Hr.	NCI
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TOTALS				

NCI Office only -- Comments:

NCI — NON-INSTITUTIONAL & ALTERNATIVE LEARNING EVALUATION

Surname: _____ First: _____
 Address: _____
 Passport/ID No.: _____
 Telephone Numbers (Include country and area codes)
 Home: _____ Business: _____ Fax: _____ E-Mail: _____

Courses Completed & Institution	Year	IPED	Cr. Hr.	NCI
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TOTALS				

Note: IPED academic levels - refer charts on Qualifications Offered.

NCI Office only -- Comments:

Evaluator's Signature: _____ Date: _____