

# XXX 396 - EXPERIENCE IN YWAM MISSIONS LEADERSHIP DOCUMENTATION FORM

PLEASE MAKE AND RETAIN A COPY OF THIS FORM FOR YOUR OWN RECORDS!

Credit may be given, upon application to the International Dean of the College/Faculty in which the degree programme is to be granted, for demonstrated past accomplishments on the mission field in YWAM. In order to qualify for full XXX 396 credit, you must have accumulated at least 5 years active work in YWAM including at least 3 years in leadership and submit a written paper speaking of the integration of the mission experience with the thrust of the degree programme being pursued. In the mission experience submitted for evaluation, there must have been significant activity and creativity in establishing, developing, or administering a Christian missions thrust, including supervision of co-workers. Credit will be posted on the transcript only if it is the final course requirement for a U of N degree.

Please provide the information requested below for consideration of XXX 396 credit. Each period of service should cover a particular job responsibility which you held during that time period. List your periods of service in chronological order and be sure to indicate whether your involvement was in a leadership role or not. Send the completed form to the leader with whom you worked for the longest time period in order to verify your ministry service. This must include their general evaluation of you as a missionary and leader. The verifying leader may then send this form directly to the appropriate International College/Faculty Dean of the degree programme, so please keep a copy for yourself should the original get lost in transit to or from this leader. A \$25 student registration fee must be received by the appropriate International College/Faculty Dean of the degree programme before the credits given can be posted on the student's transcript.

Student's Name: \_\_\_\_\_

College/Faculty of Degree Programme: \_\_\_\_\_

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<b>Period of Service #1</b>	Location Name & Address
Beginning -- Ending	_____
Dy/Mn/Yr Dy/Mn/Yr	_____
_____ to _____	_____
Job Responsibility:	_____
_____	_____

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<b>Period of Service #2</b>	Location Name & Address
Beginning -- Ending	_____
Dy/Mn/Yr Dy/Mn/Yr	_____
_____ to _____	_____
Job Responsibility:	_____
_____	_____

**Period of Service #3**

Location Name & Address

Beginning -- Ending  
Dy/Mn/Yr Dy/Mn/Yr  
\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Responsibility:

\_\_\_\_\_  
\_\_\_\_\_

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**Period of Service #4**

Location Name & Address

Beginning -- Ending  
Dy/Mn/Yr Dy/Mn/Yr  
\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Responsibility:

\_\_\_\_\_  
\_\_\_\_\_

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**Period of Service #5**

Location Name & Address

Beginning -- Ending  
Dy/Mn/Yr Dy/Mn/Yr  
\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Responsibility:

\_\_\_\_\_  
\_\_\_\_\_

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**Period of Service #6**

Location Name & Address

Beginning -- Ending  
Dy/Mn/Yr Dy/Mn/Yr  
\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Responsibility:

\_\_\_\_\_  
\_\_\_\_\_

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**Period of Service #7**

Location Name & Address

Beginning -- Ending  
Dy/Mn/Yr Dy/Mn/Yr  
\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Responsibility:

\_\_\_\_\_  
\_\_\_\_\_

**Period of Service #8**

Location Name & Address

Beginning -- Ending  
Dy/Mn/Yr Dy/Mn/Yr  
\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Responsibility:

\_\_\_\_\_  
\_\_\_\_\_

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**Period of Service #9**

Location Name & Address

Beginning -- Ending  
Dy/Mn/Yr Dy/Mn/Yr  
\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Responsibility:

\_\_\_\_\_  
\_\_\_\_\_

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**Period of Service #10**

Location Name & Address

Beginning -- Ending  
Dy/Mn/Yr Dy/Mn/Yr  
\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Responsibility:

\_\_\_\_\_  
\_\_\_\_\_

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**YWAM LEADER VERIFICATION/EVALUATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Leader's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return with the US\$ 25 registration fee to the International College/Faculty Dean at the following address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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International College/Faculty Dean's name: \_\_\_\_\_

Approved \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Number of credits granted \_\_\_\_\_ Term to which posted \_\_\_\_\_ Comments \_\_\_\_\_