



## MINISTERIAL APPLICANT GRADE SHEET

### Foundations Course

*(Please print clearly or type)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_  
 \_\_\_\_\_ Present Ministry: \_\_\_\_\_

**\* Standard Grading System: Please review the instruction sheets on grades.**

**Closed book—at least 70% ♦ Open book—at least 90%**

<u>COURSE</u>	<u>COMPONENT</u>	<u>1<sup>st</sup> Time Grade *</u>	<u>2<sup>nd</sup> Time Grade *</u>
<i>Introduction to the Bible</i>	Exam: <input type="checkbox"/> Closed Book <input type="checkbox"/> Open Book	_____	_____
<i>Spiritual Formation</i>	Exam: <input type="checkbox"/> Closed Book <input type="checkbox"/> Open Book	_____	_____
<i>History of Christianity (New Edition)</i>	Exam: <input type="checkbox"/> Closed Book <input type="checkbox"/> Open Book	_____	_____
COGOP—History, Polity, Doctrine & Future	Exam: <input type="checkbox"/> Closed Book <input type="checkbox"/> Open Book	_____	_____
<i>Ministry Policy Manual</i>	Exam from <u>current</u> Ministry Policy Manual	_____	_____

**To be completed by Overseer:**

Applicant has completed all requirements.

Date: \_\_\_\_\_

License applied for: \_\_\_\_\_

Overseer: \_\_\_\_\_

English  Spanish  French  Other \_\_\_\_\_

(State/Region/Nation)

**To be completed by the General Presbyter's Office**

Applicant has completed all requirements.

Date: \_\_\_\_\_

Certificate number granted: \_\_\_\_\_

\_\_\_\_\_

(General Presbyter's Staff)