



**MIDDLESEX INSTITUTE
OF
THEOLOGY & TECHNOLOGY**

311 East Main St. Middletown CT 06457
860.346.0733 (fax) 860.704.0118 MITT_school@sbcglobal.net

Prior Learning Evaluation Request Form – to be processed by:
Biblical Life College & Seminary
P. O. Box 588 Marshfield, MO 65706-0588 USA
(417) 859-0881 (417) 859-8883 registrar@biblical-life.com

Please fill out this form completely for your free prior learning evaluation. Make sure you include the appropriate additional documentation to assist us in this process. Return this form to:

Dean Patricia A. Carroll
Middlesex Institute of Theology & Technology
311 East Main St
Middletown CT 06457

Please print or write clearly

Name	
Address	
City/State/Zip	
Home Phone	Daytime Phone
Date of Birth	
E-Mail	

Educational Information

Institute Level	Church/Institute	Dates Attended	# of Classes Completed	I have enclosed copies of transcripts/certificates		
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

College/University/Seminary Level	School Name	Major	Years Attended	# of Credits Earned	Degree Completed		Degree Earned	
						Yes	No	
						Yes	No	
						Yes	No	
						Yes	No	
						Yes	No	

Life Experience Learning. Do you hold credentials for ministry? Yes No
 You may be able to receive college credit for Ministerial Experience. If interested in receiving an evaluation in this area, please let us know and we will work with you to apply for this assessment.

Your Desired Educational Goal

What program are you looking to complete with **MITT**?

Certifying Information Provided

I, _____ certify that the information I have provided is true and complete to the best of my knowledge.

Signature

Date

Interviewer