



# SPIRITUAL LIFE CREDIT FORM - DISCIPLESHIP

Office of Campus Ministries

### TO BE COMPLETED BY STUDENT

Name: \_\_\_\_\_ Classification:  Fr.  Soph.  Jr.  Sr.  
 Student ID: \_\_\_\_\_ Email: \_\_\_\_\_  
 Contact Number (cell preferred): \_\_\_\_\_ WJU Box # \_\_\_\_\_  
 Dates of Completed Service: \_\_\_\_\_  
 Academic Year: \_\_\_\_\_ Semester:  Fall  Spring  Summer  
 Please select the type of service completed:  
 Spiritual Formation Group  Intentional Mentorship  
 Local Church Small Group  Discipleship Retreat  
 What was the topic/theme of the discipleship? \_\_\_\_\_  
 \_\_\_\_\_  
 How many times did you meet? \_\_\_\_\_ How long were meetings? \_\_\_\_\_

### TO BE COMPLETED BY THE DISCIPLESHIP LEADER

Please give a brief summary of the topic and discussions of the group: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For a discipleship group to count as credit, the student must attend at least 9 hour-long meetings. Can you verify that the student met this attendance requirement?  Yes  No  
 If no, how frequently did the student attend? \_\_\_\_\_

The student is requesting that his or her participation with your group should count as Spiritual Formation Credit at William Jessup University. This means he or she has completed this experience with the intention of growing in his or her faith and using this as an opportunity to put that faith into tangible action. With this in mind would you recommend that the student be given credit?  Yes  No

\*Name of Supervisor: \_\_\_\_\_ Signature of Supervisor: \_\_\_\_\_  
 Supervisor's Position: \_\_\_\_\_ Date: \_\_\_\_\_  
 Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

*\*Please note: Spiritual Formation Credit opportunities cannot be supervised by anyone related to the student seeking credit or by another current William Jessup University student. Forms approved by people from either of these two categories will be denied, unless prior approval has been given from the Campus Ministries staff.*

### OFFICE USE ONLY

Approved for \_\_\_ Credits  Denied Received by: \_\_\_\_\_ Received Date: \_\_\_\_\_  
 Approved as:  Discipleship  Outreach  Local Church/Christian Organization  
 Comments: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONTINUED ON THE BACK



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**REFLECTION QUESTIONS**

Please give thorough answers to the following reflection questions regarding your discipleship experience. Leaving any answer blank will result in your form not being accepted for credit.

**TO BE COMPLETED BY THE STUDENT**

**1) PLEASE BRIEFLY DESCRIBE THE DISCIPLESHIP EXPERIENCE THAT YOU PARTICIPATED IN:**

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**2) WHAT IS ONE THING YOU LEARNED ABOUT YOURSELF THROUGH YOUR PARTICIPATION?**

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**3) WHAT DID YOU LEARN ABOUT GOD DURING THIS EXPERIENCE?**

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**4) DO YOU THINK PARTICIPATING IN THIS FORM OF DISCIPLESHIP HELPED YOU GROW IN YOUR WALK WITH JESUS?**

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**5) WHY DO YOU BELIEVE THIS SHOULD BE ELIGIBLE FOR DISCIPLESHIP CREDIT?**

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