



SPIRITUAL LIFE CREDIT FORM - OUTREACH
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:
[] Local Outreach: Sharing the love of God in the local community, beyond WJU and your church
[] Global Outreach: Sharing the love of God globally [] Outreach Equipping Conference
Description of completed service: _____
If Local Outreach, how many hours did you serve? _____
If Global Outreach, how many days did you serve? _____

TO BE COMPLETED BY THE OUTREACH SUPERVISOR

How many hours/days of outreach did the student complete? _____
Please give a brief summary of the service activity in which the student participated: _____
Did the student receive payment or academic credit? [] Yes [] No If yes, please explain: _____
The student is requesting that his or her service with your organization should count as Spiritual Formation Credit at William Jessup University. This means he or she has completed this service 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 outreach 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 OUTREACH EXPERIENCE THAT YOU PARTICIPATED IN:

2) WHAT IS ONE THING YOU LEARNED ABOUT YOURSELF WHILE ENGAGING IN THIS ACTIVITY?

3) WHERE YOU ABLE TO SHARE THE GOSPEL WITH ANYONE? IF SO, HOW DID THAT CONVERSATION GO?

4) HOW DO YOU THINK STEPPING OUT IN THIS EXPERIENCE HELPED YOU GROW IN YOUR WALK WITH JESUS?

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