



**District Authorization for Experienced-based Learning Exemption**

To be completed by credential applicant (student)

**Pathway Username**

Pathway Username:
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**Student Info**

First Name:
Last Name:
Street Address:
City:
State:
Zip:
Email:

**Authorization Process**

1. District office gives this form to the student
2. Student fills form out
3. Student submits form to District
4. District office approves
5. District office sends form to Pathway
6. Pathway marks student's course as complete.
7. Student can request new transcript

**Ministry Experience**

Ministry description: Include church or ministry name and location, your position or ministry role, description of responsibilities, significant results, personal growth experienced (attach additional sheets if necessary)	Dates	
	From	To
Box (1)		
Box (2)		
Box (3)		

