



Application for University Credit for Beyond Suffering

The Christian Institute for Disability (CID) through Joni and Friends (JAF) and Indiana Wesleyan University are partnering together to facilitate university credit for the course Beyond Suffering. Individuals wishing to receive credit for this course, which will be recorded on an Indiana Wesleyan University (IWU) transcript, should complete this form and return to Dr. Ben Rhodes, at the CID. Indiana Wesleyan University is excited to serve you in your personal and professional endeavors and we are thankful to be a part of your journey.

*Due to state regulations, credit is not available in the following states: AL, AR, IA, KS, KY, MN, MD, PA, and, WI.

Application Information

FIRST NAME	MIDDLE NAME	LAST NAME	
ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	ETHNIC BACKGROUND	GENDER	BIRTHDATE (MM/DD/YYYY)
E-MAIL ADDRESS		TELEPHONE NUMBER	

Course Registration Information

SEMESTER: FALL _____ SPRING _____
Year Year

Course: UNV518 Beyond Suffering, 3 semester hours

Have you taken any other courses through Indiana Wesleyan University? YES NO

If yes, what course(s)? _____

Was this course taken under a previous name? _____

Personal Conduct Commitment

Indiana Wesleyan University, as an evangelical Wesleyan Christian University, is a community joined together to further academic achievement, personal development, and spiritual growth. Together, the community seeks to honor Christ by integrating faith, learning and living, while its members' hearts and lives mature in relationship to Jesus Christ and each other. Faith in God's word should lead to behavior displaying His authority in our lives. As a student receiving university credit from IWU, I am under the policies identified in the IWU Catalog (<http://www.indwes.edu/catalog/>). **I understand the personal conduct expectations and by signing below I agree to abide by them.**

APPLICANT SIGNATURE: _____ DATE: _____

***You may request a transcript by calling 765-677-2966 or by visiting our website at www.indwes.edu/Academics/Registrar/Transcript
Transcripts are \$3.00 for mail or \$10.00 for fax.***

Academic Information

(To be completed by Admissions & Registrar's Office)

ID#: _____

This is to certify that _____ has been admitted to
Indiana Wesleyan University under the indicated classification for the academic term noted.

Classification: UNV 518

SIGNATURE: _____ DATE: _____
Director of Admissions

SIGNATURE: _____ DATE: _____
Registrar's Office

- Contact Information -

Indiana Wesleyan University, 4201 S Washington St., Marion, IN 46953 *765-677-2131 *www.indwes.edu/registrar *Registrar@indwes.edu Joni and Friends International Disability Center, 30009 Ladyface Ct, Agoura Hills, CA 91301, Attn: Dr. Ben Rhodes *bys@joniandfriends.org