

Evangelism Permission Form

Completed By

Pastor's Name

Church Name

The student listed below wishes to complete the on line course in **Personal Life and Evangelism (CM 1310)**. Mindful of the importance of personal practice for the student wishing to learn personal evangelism, I agree to supervise the student listed below in **at least ten** visits made for the purpose of sharing Christ with the lost during his eight week enrollment in this class.

I understand that the college is not expected to compensate me in any way and that I am doing this as an investment in my church member and the furtherance of the kingdom. Either I or a person whom I know to be qualified to lead someone to Christ will accompany this student on all visits and will endeavor to provide **opportunities for the student to share his faith during at least three** of the visits.

Student's Name

S.S.# _____/_____/_____

Pastor's Signature

Date _____

Submit completed Form to the course instructor or:

**DIRECTOR OF ON-LINE STUDIES
ARLINGTON BAPTIST COLLEGE
3001 WEST DIVISION
ARLINGTON, TEXAS 76012**

**IF THIS FORM IS NOT SUBMITTED DURING OR BEFORE THE FIRST
WEEK OF CLASS, REGISTRATION WILL BE CANCELLED!**