

3347 Eagle Run Drive, NE Suite B Grand Rapids, MI 49525 888-451-1929 UMFMichigan.org

DOCTOR OF MINISTRY VERIFICATION OF ENROLLMENT FORM

PART ONE - TO BE COMPLETED BY THE STUDENT

After classes have started for the WINTER/SPRING SEMESTER/QUARTER, present this form to the Registrar for the verification of your enrollment. IT IS YOUR RESPONSIBILITY TO DELIVER THIS FORM TO OUR OFFICE AT THE ABOVE ADDRESS BY FEBRUARY 15th. If possible, you should wait for the Registrar to complete the form and mail it to our office yourself. We must have this form in our office before we can disburse your award. Your scholarship check will be mailed to Student Accounts Receivable at the seminary by March 1st.

Student's Name (please print)		Social S	Social Security Number		
Permanent Mailing A	ddress				
_	Street Address/P.O. Box	City	State	Zip	
E-mail Address		Phone			
I authorize	School Name	to	release to the Un	ited Methodist	
	School Name				
Foundation of Mich	nigan, all information requested be	elow.			
			Date		
Student's Signature					
	PART TWO - TO BE COMPLETE	D BY THE REGISTRA	R'S OFFICE		
of this form should Semester/Quarter. I	as been awarded a scholarship from be completed by the Registrar's norder for our office to have time the add	Office verifying the me to process the dis	student's enrollm sbursement, ver	ent for the Fall	
	ase print) y degree program for the Fall Sem		is 6	enrolled in	
Signed			Date		
Title	School N	ame			
Phone	E-mail Add	ress			

OFFICIAL SCHOOL SEAL