

**Verification of Enrollment-New Student**

Student \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Dear Registrar:

To initiate educational benefits that may be due under The Benefits Plan of The Presbyterian Church (U.S.A.) to the student named above, we must receive your verification of this student's current and past enrollment history.

Please supply the information requested below to expedite this process and return this form to

The Board of Pensions  
2000 Market Street, Philadelphia, PA 19103-3298  
800-773-7752 (800-PRESPLAN)

**We appreciate your cooperation very much.**

1. Date of initial college entrance \_\_\_\_\_

2. Number of Semesters/Quarters/Terms of schooling (beyond high school). Please show additional terms and statuses on reverse side.  
\_\_\_\_\_

Already completed	Dates	Full time?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Current Semester/Quarter/Term \_\_\_\_\_

a. Is the applicant a full-time student?  Yes  No

b. Dates of enrollment from \_\_\_\_\_ to \_\_\_\_\_

c. Class schedules operate in  Semesters  Quarters

4. Name and address of school \_\_\_\_\_  
\_\_\_\_\_

School's phone ( ) \_\_\_\_\_

School's fax ( ) \_\_\_\_\_

Anticipated date of graduation \_\_\_\_\_

Registrar's signature \_\_\_\_\_  
\_\_\_\_\_

Registrar's name printed \_\_\_\_\_

Date \_\_\_\_\_

