

Verification of Enrollment-Continuing Student

Student _____ Soc. Sec. No. _____

Dear Registrar:

The student named above may be eligible for continued educational benefits under the Benefits Plan of the Presbyterian Church (U.S.A.), if he/she has returned to school for the current semester/quarter/term for **full-time** studies.

To initiate such benefits, we must receive your verification of the student's enrollment. If applicable, please note the date that the student transferred to part-time status or the date of withdrawal for the current or previous enrollment period. Please supply the information requested below and return this form to the student, who will then send it to The Board of Pensions

2000 Market Street, Philadelphia, PA 19103-3298
800-773-7752 (800-PRESPLAN)

We appreciate your prompt attention to this request.

This student is full-time part-time withdrawn _____

Class schedules operate in Semesters Quarters _____

If applicable, please indicate the beginning date of part-time enrollment or date of withdrawal for the current or previous enrollment period _____

Dates of current enrollment are

from _____ to _____ Fall Winter Spring Summer _____

The degree program of above named student is undergraduate graduate _____

Anticipated date of graduation _____

4. Name and address of school _____

School's phone () _____

School's fax () _____

Anticipated date of graduation _____

Registrar's signature _____

Registrar's name printed _____

Date _____

