



Certificate of Enrollment

Deferment Request

Education & Clergy Development • education@wesleyan.org

PO Box 50434 Indianapolis Indiana 46250-0434 – 317-774-3914

*First Name _____ *Last _____ *Middle _____
*Address _____
*City _____ *State/Province _____ *Zip _____
*Primary Phone _____ Secondary Phone _____ Degree _____
*School Email _____ *Personal Email _____ Major _____

I am enrolled for the *20 _____ - *20 _____ academic year from the Wesleyan Church for
theological education at _____ for the _____

*(Check only one)

- Fall Semester
- January Session
- Spring Semester
- May Session
- Summer Session

*Term(Check only one)

- Traditional Term
- Non-Term

*Format (Check only one)

- Onsite
- Online

I certify that I am enrolled full time and as a result am requesting a deferment from my Wesleyan Loan Grant repayment obligation.

Student Signature _____ Date _____

Return this form to your institution to complete the section below.

I hereby certify that the above student is enrolled for _____ onsite semester hours and
_____ online semester hours for the session indicated above. He/she is classified as a _____ and
has a grade point average of _____ on a four-point scale, and has accumulated _____ hours
of credit.

Date: _____ Institution Officials' Signature _____

Return completed forms to Education & Clergy Development no later than:

September 15, 2020