MELLON FOUNDATION GRADUATE STUDY VERIFICATION FORM

Use this form to request that the Mellon Foundation, through its grant to Duke University, repay a portion of your undergraduate debt.

STUDENT: Complete this section and submit the form to your graduate school Registrar after the academic year has ended.

Student’s name: ________________________________
Duke Unique ID Number: ________________________
Current Mailing Address: ________________________

Email: ________________________________ Telephone Number: ________________________
Program of Graduate Study: ________________________

Academic year to be verified: ________/______ to ________/______
Month Year Month Year

GRADUATE SCHOOL REGISTRAR: Please complete this section to verify that the above-named student has been enrolled full-time in graduate work at your university for this past academic year.

Student’s field of study: ________________________________
Date student began graduate work: ________________________

Most recent academic year of full-time graduate work completed: ________/______ to ________/______
Mo. Yr. Mo. Yr.

If Ph.D. degree has been earned, date earned: ________________________________

Registrar’s name ________________________________
Signature: ________________________________ Date: ________________________________

Return completed form to: Anna Bernard-Hoverstad, 114 S. Buchanan Blvd., Box 90756
Duke University, Durham, North Carolina 27708