



Request for Verification of Enrollment

2009/10 Fall Semester (8/17/09 to 12/17/09)

NEW ORLEANS
BAPTIST THEOLOGICAL SEMINARY

STUDENT NAME _____ DATE _____

ADDRESS _____ NOBTS-ID# _____

PHONE _____

CITY, STATE, ZIP _____ E-MAIL _____

Deferment Request

I am/was enrolled as a **FULL-TIME** student

I am/was enrolled as a **LESS THAN FULL-TIME BUT AT LEAST HALF TIME** student

Send The Completed Form To:

RECIPIENT _____

ADDRESS _____

CITY, STATE, ZIP _____

*****OFFICE USE ONLY*****

I certify, to the best of my knowledge and belief, that the individual named above is/was enrolled

- as a **FULL-TIME** student
- as at least a **HALF TIME** student

during the academic period from **08/17/09 to 12/17/09**.

New Orleans Baptist Theological Seminary
Registrar's Office, 3939 Gentilly Boulevard
New Orleans, LA 70126

OPED-ID# 002019
(504) 282-4455, ext. 3302

Name/Title of Authorized Official: Dr. Paul E. Gregoire, Registrar

Authorized Official's Signature _____ Date: _____