

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: _____

University: _____

Address: _____

Email: _____ Telephone Number: _____

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