



## American Institute of Training for Ministry

1909 Ivy Avenue East - Saint Paul, MN 55119

Tel: 888.864.7756 - Email: [info@aiotfm.org](mailto:info@aiotfm.org)

### Correspondence Course Study

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Course Title and Number Reason for externally directed course:

\_\_\_\_\_

Certificate/Diploma \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ other \_\_\_\_\_

Date course is to be started \_\_\_\_\_ Date course work to be completed: \_\_\_\_\_

Amount attached to cover tuition: \$ \_\_\_\_\_ Amount paid by check \_\_\_\_\_ Check # \_\_\_\_\_  
or cash \$ \_\_\_\_\_

#### Additional student comments:

\_\_\_\_\_  
\_\_\_\_\_

#### INFORMATION BELOW THIS LINE FOR OFFICE USE ONLY

Request received by: \_\_\_\_\_

Request approved by: \_\_\_\_\_

Payment amount: \$ \_\_\_\_\_ Received by: \_\_\_\_\_

Date materials were sent to or picked up by student: \_\_\_\_\_

Date course requirements were met: \_\_\_\_\_ Final course grade: \_\_\_\_\_

Final course grade issued by: \_\_\_\_\_ Date Home Office notified: \_\_\_\_\_

Additional advisor comments: \_\_\_\_\_

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