

Colloquy Course Completion Form

Mid-South District of The Lutheran Church--Missouri Synod

Section I: To be completed by the STUDENT

Your last Name	First Name	Middle Initial	Date of Birth (month/date/year)
Permanent Home Address			Telephone
<hr/> Course Name <hr/>			
Date of Course	Your Signature		Date
Month/Year			

Additional Required Information:

- Submit Invoice from CUEnet
- Submit proof of course completion

*Payment will be made directly to CUEnet at the completion of each course.
 **The District will pay a maximum of \$3,500, \$500 for each course (not including OT)

Section II: To be completed by the District Office

FOR DISTRICT USE ONLY

Date Application Received: _____ Approved By: _____

Distribution Record

Date	Course Title	Amount	Check #
------	--------------	--------	---------

*****All Teacher Colloquy applicants must apply for the Borland Scholarship through CUEnet*****