



**Higher Education
and Campus Ministries**

Report of Students Attending Colleges or Universities

Church: _____

Charge: _____

Pastor: _____

Student Information

Full Name: _____ Date: _____

Mobile #: _____ Email: _____

College Information

Name of College: _____ Current Major: _____

Address: _____

References

Referred By: _____

Relationship to Student: _____

Church Information

Home Church Name: _____

Address: _____

Home Church Pastor: _____

Signature

Signature indicates permission for this form to be filled out, submitted to CBHECM, and student information to be sent to the appropriate local United Methodist campus pastor and/or United Methodist pastor

Signature of Home Church Pastor: _____

Signature of Referral (if not pastor): _____

Signature of Student: _____