

**Lutheran Campus Ministry
at WVU
Referral From**

Name of Student:

E-mail:

Phone:

Address:

Home Church:

Entering WVU at what status:

- First Year
 Transfer
 Grad student (inc. Law, Med., etc.)
 Other: _____

Z Z Z

Contact info for the person submitting

Name:

E-mail:

Phone:

Address:

Relationship to student:

1497 University Avenue
Morgantown, WV 26505
304-296-5388
www.LutheranMountaineer.org
Chaplain@LutheranMountaineer.org

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