MINISTERIAL FELLOWSHIP COMMITTEE

WAIVER REQUEST FORM

***Using this Form**: Please complete and submit this form to the MFC Coordinator via:*
Email: mfccoordinator@uua.org

Date of Application:

Name:
Address:
City: State: Zip Code:
Phone: Email:

Status in Ministerial Fellowship:

☐ Preliminary Fellowship received in (year)

☐ 1st renewal received in (year) Specialty:

☐ 2nd renewal received in (year) Specialty

☐ Final Fellowship received in (year) Specialty

Place currently employed:

If currently in seminary, where:

MFC Rule you are asking to be waived (cite the number):

Specific words within that rule to be waived:

Reasons for requesting waiver: (attach additional pages as necessary)