



University of South Alabama

Verification of Enrollment

2009-10 Academic Year



PART I: To be completed by the STUDENT.

This form is required for each family member attending college who was listed on the FAFSA as being in the household and in college. Family members in college must be enrolled at least half-time in a degree or certificate program at a post-secondary institution eligible to receive federal funds. Please have the Financial Aid Office complete a separate form for each student. Make copies if more than one family member attends college.

University of South Alabama
Meisler Hall Suite 1200
Mobile, Alabama 36688-0002

Addressed for window envelope

USA Student: _____

Social Security #: _____

Family Member: _____

Social Security #: _____

Relationship to USA student: _____

PART II: To be completed by the family members Financial Aid Office at the school of enrollment.

Section A

The **family member** named in the student section is:

Full-time 3/4 time 1/2 time Less than 1/2 time

in a Degree Program Certificate Program Non-degree program

for the Fall Spring Summer semester of the 2009-10 academic year.

This student is an Undergraduate Graduate/ Receiving aid Not an aid applicant

First day of class: _____

Last day of class: _____

Estimated date of graduation: _____

Section B

Authorized Signature: _____ Date: _____

Typed Name: _____ Title: _____

Name of Institution: _____

Address: _____

Telephone #: (_____) _____

Comments: _____
