



UNIVERSITY OF SOUTH ALABAMA

2018-2019

Verification of Enrollment

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 postsecondary institution eligible to receive federal funds. Please have the Financial Aid Office complete a separate form for each student.

USA Student: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_ JAG#: \_\_\_\_\_

Family Member \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_

Relationship to USA Student: \_\_\_\_\_

PART II: To be completed by the FAMILY MEMBER'S Financial Aid Office at the school of enrollment:

Section A

The family member named in the student section is (CIRCLE):

The student is an: Undergraduate Graduate Receiving aid Not an aid applicant
in a Degree Program Certificate Program Non-degree program
enrolled Full-time 3/4 time 1/2 time Less than 1/2 time
for the Fall Spring Summer semester of the 2018-2019 academic year.

First day of class: \_\_\_\_\_ Last day of class: \_\_\_\_\_ Estimated Graduation Date: \_\_\_\_\_

Section B

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_