2019 - 2020
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: _______________________________  JAG#: ______________

Family Member: _______________________________

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  ½ time  Less than ½ time
for the Fall  Spring  Summer  semester of the 2019-2020 academic year.

First day of class: ___________  Last day of class: ___________  Estimated Graduation Date: ___________

Section B
Authorized Signature: _______________________________  Date: ___________

Typed Name: _______________________________  Title: _______________________________

Name of Institution: _______________________________