

Valparaiso University

College Enrollment Verification

(Please Print)

Student's Name _____ VU ID # _____

You have indicated on your Free Application for Federal Student Aid (FAFSA) that, in addition to yourself, there will be other members of your family attending college at least half time during the academic year. To confirm this data, please complete this form and return it to the Office of Financial Aid.

Please note: You can no longer count your parents as family members enrolled in college. If you have a parent who is enrolled *full-time* in college, please contact the Office of Financial Aid for further instructions.

Please tell us the following information:

NAME: Name of your family member attending college.

RELATIONSHIP: What is their relationship to you? (i.e. brother, sister, spouse)

SCHOOL: What is the name of the college/university they are attending? What state is it located in?

DEGREE: What degree they are seeking? (i.e. bachelor's, master's, doctorate, none)

STATUS: Are they a full-time, at least half-time, or less than half-time student?

DATE: What is their expected graduation date?

Other family members attending college: If none, check here

1. Name _____ Relationship _____
School name/state _____ Degree _____
Status ___full-time ___at least 1/2 time ___less than 1/2 time Expected graduation date _____

2. Name _____ Relationship _____
School name/state _____ Degree _____
Status ___full-time ___at least 1/2 time ___less than 1/2 time Expected graduation date _____

3. Name _____ Relationship _____
School name/state _____ Degree _____
Status ___full-time ___at least 1/2 time ___less than 1/2 time Expected graduation date _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

(required if student is dependent)