



Boston University Financial Assistance

Enrollment Verification Instructions

You reported on your financial aid application that more than one child in your household would be attending a post-secondary educational institution as a dependent undergraduate student during the 2008/2009 academic year. Your eligibility for financial aid was determined on the basis of this information. We understand that occasionally, a household member may enroll at an institution other than the one initially reported, or enrollment plans may otherwise change. Therefore, Boston University Financial Assistance requires that you have an Enrollment Verification Form (see reverse of this document) completed for each sibling* whom you reported would be attending college this year. Because a separate form must be completed for each sibling*, please photocopy this form as necessary.

The completed Enrollment Verification Form must be returned to Boston University Financial Assistance. BU Financial Assistance will have the enrollment information you provide verified by the National Student Clearinghouse, or by the institution in which your sibling plans to enroll. Please note that if there have been changes to the planned enrollment status or changes from one type of institution to another, an adjustment to your financial aid may be required.

If you have questions, please do not hesitate to contact us at finaid@bu.edu or 617-353-2965.

Please include your name and your Boston University ID number in any e-mail communication.

** includes any sibling matriculated as an undergraduate student in a qualified degree-granting educational institution.*

Enrollment Verification Form

Boston University Student's Name _____

Boston University ID# _____ Phone Number _____

Sibling's Name* _____

Sibling's Social Security Number _____ Sibling's Date of Birth ____/____/____
MM DD YYYY

(Sibling must check **A** or **B** below.)

A. I **will not** attend a post-secondary educational institution at least halftime in an undergraduate degree program during the 2008/2009 academic year.

If **not** attending, return form to Boston University Financial Assistance immediately.

B. I **will** attend a post-secondary educational institution at least halftime in an undergraduate degree program during the 2008/2009 academic year.

If sibling* **will** attend in **2008/2009**, please provide the following information:

Name and location of institution sibling will attend in **2008/2009** _____

City _____ State _____ If a public institution, sibling paid: In-State Tuition
 Out of State Tuition

① Sibling's planned enrollment status: Full time Halftime Less than halftime

② Program in which sibling will be enrolled: Associates Degree Bachelors Degree Masters Degree
 Doctoral Degree Certificate Program Other _____

③ Type of sibling's institution: 4 year public 4 year private Proprietary
 2 year public 2 year private Graduate School

④ Indicate sibling's planned term(s) of attendance, checking all that apply: Fall Winter Spring

Sibling's Release of Enrollment Verification Information

By my signature below, I hereby authorize the release of information regarding my enrollment to the Boston University Office of Financial Assistance. I understand that this information may be provided to Boston University by the National Student Clearinghouse, or by the institution in which I will be enrolled during the **2008/2009** school year.

Sibling's Signature _____ Date _____

** includes any sibling matriculated as an undergraduate student in a qualified degree granting educational institution. A sibling enrolled as a graduate student will not be included in Boston University's need analysis.*

This form must be completed and returned to:

**Boston University
Financial Assistance
881 Commonwealth Avenue
Boston, Massachusetts 02215**

If this form is not returned aid will be adjusted based on the assumption that there are no children, other than yourself (the BU student), enrolled in an eligible program.