Enrollment Verification Instructions

Boston University Financial Assistance requires that you have an Enrollment Verification Form completed for each sibling* whom you reported on your financial aid application would be attending college this year.

This is required because 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 2016/2017 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.

Return the completed Enrollment Verification Form to BU Financial Assistance and we will have the enrollment information you provide verified by the National Student Clearinghouse, or by the institution in which your sibling plans to enroll.

- Because a separate form must be completed for each sibling*, please photocopy this form (see reverse of this document) as necessary.

- Complete the form and check the appropriate box even if you originally reported on your application that your sibling would be attending and this is no longer true.

- 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 email 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 __________________________

* 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:

If this form is not returned we will make the assumption that no children, other than yourself (the BU student), are enrolled for 2016/2017 in an eligible program. This could result in a reduction of your eligibility and financial aid award.

Sibling’s Name* ____________________________________________________

Sibling’s Social Security Number ______________________ Sibling’s Date of Birth __________/________/________

(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 2016/2017 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 2016/2017 academic year.

If sibling* will attend in 2016/2017, please provide the following information:

Name and location of institution sibling will attend in 2016/2017 ______________________________________________________

City_______________________ State ________    If a public institution, sibling paid: ☐ In-State Tuition ☐ Out of State Tuition

☒ Sibling’s planned enrollment status: ☐ Full time ☐ Halftime ☐ Less than halftime

☒ Program in which sibling will be enrolled: ☐ Associates Degree ☐ Bachelors Degree ☐ Masters Degree

☐ Doctoral Degree ☐ Certificate Program ☐ Other _________

☒ Type of sibling’s institution: ☐ 4 year public ☐ 4 year private ☐ Proprietary

☐ 2 year public ☐ 2 year private ☐ Graduate School

☒ Indicate sibling’s planned term(s) of attendance, checking all that apply: Fall ☐ Winter ☐ Spring ☐

Sibling’s Release of Enrollment Verification Information

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 2016/2017 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.