2013-2014
SIBLING/SPOUSE/DEPENDENT
ENROLLMENT VERIFICATION FORM

Student Section: ___________________________ ___________________________

Name of WCU Student WCU ID

You have reported on your 2013-2014 FAFSA that your sibling/spouse/dependent ___________________________ attends ___________________________ college/university on at least half-time basis and is a matriculating student in an eligible program of study.

Your sibling/spouse/dependent must sign this authorization giving permission for their school to complete this form.

X ___________________________ ___________________________
Signature of student NOT AT WCU SS#

Forward this form to his/her Financial Aid Office to provide the certification in the “FAO section” below.

Financial Aid Office SECTION below:

to be completed by the Financial Aid Office only at your sibling/spouse/dependents college!

For the 2013-2014 academic year this student is considered, for financial aid purposes to be:

1. ___Dependent ___Independent
2. ___Full Time ___1/2 time ___Less than 1/2 time
3. ___Undergraduate ___Graduate
4. ___Degree student ___Non-degree student

X __________________________________________________________________________
Printed FAO Name and Title _______________ Date

X __________________________________________________________________________
FAO Signature

X __________________________________________________________________________
College’s Name College’s Title IV code

College’s Address

Important: FAO, please use your office's stamp (if you have one) in the space below to certify completion of this form.

Please return this form to West Chester University’s Financial Aid Office. Thank you.

RAF/raf, rev: 02/14/13