

Verification of Number Enrolled in College 2017-2018 Academic Year

Student should type in information below, and then save, print and sign. Please fax the signed form to 412-268-8084 or return it to The HUB - Student Financial Aid Office, Carnegie Mellon University, Warner Hall A19, 5000 Forbes Avenue, Pittsburgh, PA 15213-3890.

STUDENT INFORMATION

Student Name: _____ Andrew ID: _____

College: _____ Department: _____

FAMILY MEMBER INFORMATION

We will use the National Student Clearinghouse to verify your dependent family member/sibling's enrollment. Please provide the name, date of birth, and institution for each dependent family member/sibling who you reported would be enrolled at least half-time in a degree or certificate program for the 2017-2018 academic year.

Dependent Family Member #1

Name: _____

Date of Birth (mm/dd/yyyy): _____ Institution Name: _____

Check appropriate box(es): Enrolled Fall 2017 Will enroll Spring 2018

Dependent Family Member #2

Name: _____

Date of Birth (mm/dd/yyyy): _____ Institution Name: _____

Check appropriate box(es): Enrolled Fall 2017 Will enroll Spring 2018

Dependent Family Member #3

Name: _____

Date of Birth (mm/dd/yyyy): _____ Institution Name: _____

Check appropriate box(es): Enrolled Fall 2017 Will enroll Spring 2018

Dependent Family Member #4

Name: _____

Date of Birth (mm/dd/yyyy): _____ Institution Name: _____

Check appropriate box(es): Enrolled Fall 2017 Will enroll Spring 2018

SIGNATURE

Student Signature: _____ Date: _____