

Carnegie Mellon

Enrollment Services

Verification of Number Enrolled in College Form 2008-2009 Academic Year

SECTION A: To be completed by the brother or sister of the Carnegie Mellon student who reported he or she would be enrolled in college in 2008-2009 in a degree seeking or certificate program. In order to verify information on _____ (name of Carnegie Mellon student) financial aid application, I authorize _____ (name of institution I attend) to release the information requested below to Carnegie Mellon.

_____	_____
<i>Printed Name (Brother/Sister)</i>	<i>Signature (Brother/Sister)</i>
<i>Relationship to Carnegie Mellon Student (Please check one):</i>	
<input type="checkbox"/> Sibling at another institution	_____
<input type="checkbox"/> Sibling at Carnegie Mellon	<i>Social Security Number (Brother/Sister)</i>

	<i>Date</i>

SECTION B: To be completed by the Financial Aid Counselor at the college or university attended by the student in Section A. The student in Section A has indicated that he or she is attending your college or university. Please complete this section in its entirety. INCOMPLETE FORMS WILL BE RETURNED. Thank you.

- Fall 2008 Enrollment Status: _____ Full-time _____ Less than Half-time
_____ Half-time _____ Not Enrolled
- Anticipated Spring 2009 Enrollment Status: _____ Full-time _____ Less than Half-time
_____ Half-time _____ Not Enrolled
- Federal Dependency Status: _____ Dependent _____ Independent
- Degree Seeking or Certificate Program
(Do not leave blank.): _____ Yes _____ No
- Expected Date of Graduation (MM/YY): _____ / _____

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

_____	_____
<i>Name, Signature, and Title of College Official</i>	<i>Date</i>
_____	_____
<i>Address</i>	<i>Phone</i>

Please return completed form by **November 24, 2008** to:
Enrollment Services - The HUB
Carnegie Mellon
Warner Hall, Lower Level
5000 Forbes Avenue
Pittsburgh, PA 15213-3890
Or fax to 412-268-8084