



2016-2017
ENROLLMENT VERIFICATION WORKSHEET

Contact Information
P: 610-436-2627
E: finaid@wcupa.edu
www.wcupa.edu/finaid

Student Section

First Name of WCU Student Last Name of WCU Student

WCU ID#

You have reported on your 2016-2017 FAFSA that a family member attends college/university on at least half-time basis and is a matriculating student in an eligible program of study.

Your family member must sign this authorization giving permission for their school to complete this form.

Signature of family member NOT AT WCU Social Security Number Relationship to WCU student

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

Financial Aid Office (FAO) Section:

To be completed by the Financial Aid Office only at the family member's college/university.

For the 2016-2017 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

Printed FAO Name and Title Date

FAO Signature

College's Name College's Title IV code

College's Address

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

Please return all documents by email or mail.
Mailing Address: 030 Kershner Student Service Center, 25 University Ave, West Chester, PA 19383
Email: finaid@wcupa.edu

Please note: we will no longer accept fax documents.