



2019-2020
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 2019-2020 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 2019-2020 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.