

ENROLLMENT VERIFICATION WORKSHEET

Student Section

First Name of WCU Student _____ Last Name of WCU Student _____

WCU ID# _____

You have reported on your 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 ID# at their institution 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 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