

Brandeis University
2009-10 Enrollment Verification Form

Instructions for Brandeis Student: As indicated on your financial aid application, the amount of your financial aid package at Brandeis is based on more than one family member attending an undergraduate, post-secondary institution during the 2009-10 academic year. It is the policy of the Office of Student Financial Services to verify this information since family members may change their enrollment status or enroll at an institution other than the one previously reported. *A separate form must be completed for each family member who was reported as attending college.* The completed form must be received by the Brandeis University Office of Student Financial Services by October 9, 2009. (If the form is not received by the stated deadline, we will assume that the other family member(s) is/are not enrolled, and your aid will be adjusted accordingly.) **Please note that if the completed form indicates a change in enrollment status or institution attended, your financial aid may be affected.**

SECTION 1: To Be Completed by the Brandeis University Student

Brandeis Student's Name: _____ SAGE ID Number: _____

My other family member (name), _____, will__ will not__ attend an undergraduate, post-secondary institution at least half-time in a degree program during the 2009-10 year. *If not attending, return this form to the Brandeis University Office of Student Financial Services immediately.*

If the above family member will attend an undergraduate, post-secondary institution in 2009-10, please indicate all terms in which he/she will be enrolled: Fall__ Winter__ Spring__. *If not attending during the fall term, please return this form to the Brandeis University Office of Student Financial Services immediately.*

SECTION 2: To Be Completed by the Other Enrolled Family Member

I authorize _____ to release my enrollment and financial aid
(name of college or university)
information to Brandeis University.

Signature _____ Date _____ Name (please print) _____ Student ID Number _____

SECTION 3: To Be Completed by The Office of Financial Aid For the Student Listed in Section 2 Above

Please complete this form after fall '09 registration has been completed.

Name of Institution: _____ Phone Number: _____

Student's Enrollment Status: __ Full-Time __ Less Than Half-Time
 __ Half-Time __ Not Enrolled

Is this student enrolled in a degree-granting program? __ Yes Degree Type: _____
 __ No

Expected Date of Graduation (month and year): _____

2009-10 Cost of Attendance: _____ 2009-10 Financial Aid Awarded: _____

Signature _____ Date _____ Name/Title (please print) _____

Please return this completed form to: Office of Student Financial Services, Brandeis University,
415 South St., MS 027, Waltham, MA 02454-9110
Fax (781) 736-3719

Deadline: October 9, 2009