



Office of Scholarships and
Financial Aid
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CERTIFICATION OF ENROLLMENT STATUS FOR A SIBLING OR SPOUSE

The following information is needed to certify that the student enrolled at the University of Delaware has a sibling or spouse enrolled HALF-TIME OR MORE at another institution in an eligible UNDERGRADUATE program of study.

University of Delaware student:

Name _____ Student ID # _____

Student attending another institution:

Name _____ Student ID# _____ Date of Birth ____/____/____

Address _____

A. _____ No other sibling is enrolled at another institution.

B. This section is to be completed by the student’s parent. The questions pertain to the student not attending the University of Delaware.

- 1. Will the student be enrolled as a graduate / undergraduate in 2009-10? (Please circle one)
- 2. Will this family member be enrolled at least half-time? _____ yes _____ no
- 3. Will this family member be claimed as an income tax exemption in 2009? _____ yes _____ no

C. This section is to be completed by the institution the sibling or spouse is attending.

1. Name and address of institution _____

2. Is the student a graduate or undergraduate? _____

3. Number of credits (anticipated): Fall 2009 _____ Spring 2010 _____

4. Financial aid dependency status: Independent _____ Dependent _____

Financial Aid Officer’s signature

Title

Date

Telephone Number

D. CERTIFICATION

By signing this form, I certify all information is complete and accurate. Intentionally providing false or misleading information on this form can lead to a fine, imprisonment, or both.

Parent’s signature (required)

Date

Signature of student NOT attending
The University of Delaware (required)

Date