



Student Financial Services  
 30 Lovett Ave  
 Newark, DE 19716  
 Fax: 302-831-3041  
 Email: finaid-verif@udel.edu

**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# \_\_\_\_\_

**A. \_\_\_\_\_ No other sibling is enrolled at another institution.**

**B. \_\_\_\_\_ Student attending another institution.**

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

Name \_\_\_\_\_ Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

1. Will the student be enrolled as a graduate / undergraduate in 2011-2012? (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 2011? \_\_\_\_\_ 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 2011 \_\_\_\_\_ Spring 2012 \_\_\_\_\_

4. Financial aid dependency status: Independent \_\_\_\_\_ Dependent \_\_\_\_\_

\_\_\_\_\_  
 Student Financial Officer’s signature Title Date

\_\_\_\_\_  
 Telephone Number



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**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 fine, imprisonment, or both.

_____	_____
Parent's signature (required)	Date
_____	_____
Signature of student NOT attending UD (required)	Date
_____	_____
Student Financial Officer's signature	Title
_____	_____
Date	Telephone Number