



CERTIFICATION OF ENROLLMENT STATUS FOR A SIBLING OR SPOUSE

On your Free Application for Federal Student Aid (FAFSA), you indicated that you would have siblings, a spouse or children who would be attending college during the **2018-2019 Academic Year**. ***This form must be completed for each family member reported to be in college.*** In order for the family member to be considered "in college" for the purposes of financial aid, they must be enrolled **at least half-time in an undergraduate program** at a post-secondary institution eligible to receive federal funds. Notify our office immediately of any changes to the educational plans of family members who were initially reported as in school as adjustments to financial aid eligibility may be necessary.

Please complete the information below pertaining to the University of Delaware student and Family Member who will be enrolled and have the **Financial Aid Office** at the Family Member(S) institution complete the certification section and return the form to Student Financial Services.

Section A-Completed by University of Delaware Student

_____	_____	_____	_____
Last Name	First Name	MI	Student Identification Number

Section B-Completed by Sibling/Spouse/Child

_____	_____	_____
Family Member Name	Student ID	Birth Date

College/University attending 2018-2019

Relation to the University of Delaware Student:

I am a sibling

I am a spouse

I am a dependent child

Please note that parents of dependent students cannot be counted as in school for the purposes of financial assistance. If a parent was included in the number in college reported on the FAFSA please notify our office so that we can make the necessary adjustments to your file.

I authorize the above name college/university financial aid office to release the following information the University of Delaware.

_____	_____
Family Member Signature	Date

Section C-Completed by the Financial Aid Office at the Family Member's institution. Not the University of Delaware

Degree Level:	Undergraduate	Graduate	
Aid Applicant Status:	Independent	Dependent	Not an aid Applicant
Enrollment Status:	Full Time	½ Time	Less Than ½ Time

_____	_____	_____
Anticipated Graduation Date	Total Budget	Total Family Contribution (EFC)

_____	_____
Name and Title of Financial Aid Officer	Phone Number

_____	_____
Signature of Aid Officer	Date