



2024-2025 Academic Year Certification of Enrollment Status for Sibling or Spouse

Your Free Application for Federal Student Aid (FAFSA) indicates you have sibling(s), a spouse, or child(ren) who will be attending college during the 2024-25 academic year. This form must be completed for *each family member reported to be in college*. To be considered "in college" for the purposes of financial aid, family members must be enrolled at least half-time in an undergraduate program at a post-secondary institution eligible to receive federal funds. Notify SFS immediately of any changes to the educational plans of family members who were initially reported as "in college" as adjustments to financial aid eligibility may be necessary.

Please complete this document with the information of the UD student and other "in college" family member. The bottom section must be completed by the financial aid office where the other family member is enrolled. Submit the completed form via My SFS Docs: udel.verifymyfafsa.com/account/login.

Student Information				
Last Name		First Name		Middle Initial
Permanent Address		City	State	ZIP
UDID	Phone	D.O.B.	UD Email	@udel.edu
Sibling / Spouse / Child Information				
Sibling/Spouse/Child Name		Student ID	D.O.B.	
College/University Attending 2024-25				
Relation to UD Student <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child				
<i>Please note that parents of dependent students cannot be counted as "in college" for the purposes of financial assistance. If a parent was included in the number in college reported on the FAFSA please notify SFS to make the necessary adjustments to your file.</i>				
Certification				
<i>I authorize the above named college/university to release the following information to the University of Delaware.</i>				

Family Member Signature	Date
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To Be Completed by the Financial Aid Office at the Family Member's Institution			
Degree Level <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	Enrollment <input type="checkbox"/> Full-Time <input type="checkbox"/> Half-Time <input type="checkbox"/> Less than Half-Time		
Aid Applicant Status <input type="checkbox"/> Independent <input type="checkbox"/> Dependent <input type="checkbox"/> Not an Aid Applicant			
Anticipated Graduation Date	Total Budget	Family Contribution (EFC)	
Name / Title of Financial Aid Officer			Phone Number

Signature of Financial Aid Officer	Date
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