



2018-2019 Sibling Enrollment Verification Form

A. To Be Completed by the Plymouth State University (PSU) Student:

PSU Student's Name (Print): _____ PSU ID #: _____

My sibling (please print sibling's name) _____ **will / will not** (please circle one) attend an undergraduate, postsecondary institution at least half time in a program that leads to a college degree or certificate during the 2018-2019 year.

If the family member will attend an undergraduate, postsecondary institution in 2018-2019 please indicate all terms in which he/she will be enrolled:

Summer _____ Fall _____ Winter _____ Spring _____

B. To Be Completed by Sibling Attending Another College or University

I authorize _____ to release my enrollment information to PSU.
Please print name of college or university

Sibling Name (Print): _____

Sibling Signature: _____ Date: _____

C. To Be Completed By Sibling's College or University

Name of Institution: _____

Students 2018-2019 Enrollment Status:

Full-Time _____ Half-Time _____ Less than Half-Time _____ Not Enrolled _____

Dependency Status:

Dependent _____ Independent _____

Is this student matriculated in a degree or certificate program?

Yes _____ No _____

Degree or certificate type:

Undergraduate _____ Graduate _____

Expected Date of Graduation (Month and Year):

Financial Aid Administrator Signature

Date

Name and Title of Administrator (Print)

Phone number of Administrator: