2022-2023 Sibling Enrollment Verification Form

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 2022-2023 year.

If the family member will attend an undergraduate, postsecondary institution in 2022-2023 please indicate all terms in which he/she will be enrolled:

Summer _____  Fall _____  Winter _____  Spring _____

A. 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: __________________

B. To Be Completed By Sibling’s College or University

Name of Institution: ______________________________________

Students 2022-2023 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:  Expected Date of Graduation (Month and Year):
Undergraduate _____  Graduate _____  ________________________________

_________________________________________  ______________________
Financial Aid Administrator Signature  Date

Name and Title of Administrator (Print): ________________________________

Phone number of Administrator: ________________________________