

PURPOSE

The Family Member Enrollment Form verifies enrollment of dependent family members, excluding parents, who may be counted as college students if they are enrolling for at least half-time in at least one academic term. The family member must be working towards a degree or a qualifying program at a college that participates in any of the federal student aid programs.

BASIC INFORMATION

Student Name Biola ID#

TO BE COMPLETED BY ENROLLED FAMILY MEMBER

Family Member's Name

Complete Name of College you (enrolled family member of Biola student) will attend (e.g. "Cal State Fullerton", not "CSUF")

Degree or Certificate you are pursuing

List the Courses

Name of Class Course (e.g. Biology 101)	Number of Units (e.g. 3 units)	Term Attending (e.g. Fall 2007)
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Please check **ONE**:

- I certify that the classes listed above will go towards my degree.
- I have no plans to attend college this year.

SIGNATURES

 **PLEASE SIGN AND RETURN THIS COMPLETED FORM TO THE FINANCIAL AID OFFICE.** Failure to do this will delay your financial aid process. Unsigned and incomplete forms will be returned unprocessed.

I/We verify that the information on this form is true and complete.

Enrolled Family Member's Signature Date

Biola Student's Signature Date