

PURPOSE

This 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# _____

ENROLLED FAMILY MEMBER INFORMATION

Family Member's Name _____

Complete Name of College the above family member will attend (e.g. "Cal State Fullerton", not "CSUF") _____

Degree or Certificate the family member is pursuing _____

List of courses in which the family member will be enrolled

Name of Class Course (e.g. Biology 101)	Number of Units (e.g. 3 units)	Term Attending (e.g. Fall 2009)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check **ONE**:

- We certify that the classes listed above will go towards the family member's degree.
- Family member above has 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.

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

Enrolled Family Member's Signature _____ (Required)

Date _____

Biola Student's Signature _____ (Required of all applicants)

Date _____