2017-18 Enrollment Verification of Family Members  
(for Dependent Students)

This form is required to continue review of your financial aid eligibility. Please return it as soon as possible.

Our records indicate that we determined your financial aid eligibility based on more than one eligible family member attending college during the 2017-18 academic year. On page two, please verify enrollment for family member(s) attending at least half-time during the Fall 2017 term in a post-secondary institution. Include family attending UCI. Complete one form for each family member and make copies if necessary.

Who is an eligible family member?

- A sibling who is enrolled at least half-time in a degree, diploma or certificate program at another college. NOTE: If the sibling is a high school student who is concurrently taking college courses, please contact our office for further instructions.
- A member of your parents’ household, who (a) will enroll in college at least half-time during the 2017-2018 academic year and (b) will be enrolled in a degree, diploma or certificate program.

Who is not an eligible family member? Please note that we will not consider college enrollment for:

- Parents
- Foster children
- Family members attending foreign colleges (unless the college is a Title-IV eligible school), military schools, non-degree granting programs and/or non-financial aid recipient colleges
- Family members enrolled less than half time

How does this impact your financial aid? Changes to the number of family members enrolled in college may have a substantial impact on your aid eligibility. Failure to submit required verification will result in the following,

1. Recalculation of financial aid eligibility.
2. Possible retroactive billing of fall quarter disbursements.
3. Cancellation of winter and spring quarter awards.

If one of the family members you reported on your FAFSA will not be attending college in Fall 2017, but will enroll at least half-time in Winter quarter 2018 or Spring semester 2018, list him/her here:

My family member included in my FAFSA (Name__________________________)

I will provide verification of this family member’s enrollment by February 1, 2018.

Name__________________________ Student ID Number__________

Student Signature ___________________________ Date ________________

Complete this section if one or more of the family members you reported on your FAFSA is no longer planning to attend college or is considered an ineligible family member as described below. Please update the information in this box for each ineligible family member, sign and submit.

My family member(s) included in my FAFSA (Name(s)__________________________) do/does not qualify because:

☐ He/She will not be attending college in the 2017-18 academic year.
☐ He/She is my parent.
☐ He/She is enrolled less than half time.
☐ He/She is enrolled in a non-degree granting program.
☐ He/She is enrolled in a military academy or foreign college or the college is not eligible to provide financial aid.

The total number of family members attending college (including myself) will be:_____. I understand that my financial aid award may be revised to reflect these changes.

Name__________________________ Student ID Number__________

Student Signature ___________________________ Date ________________

The State of California requires that you be told the following: Federal student loans are available to most students regardless of income and provide a range of repayment options including income-based repayment plans and loan forgiveness benefits, which other education loans are not required to provide.
Verification of Enrollment of Other Family Member in College (for Dependent Students)

This form is required to continue review of your financial aid eligibility. Please return it as soon as possible.

PART 1 – To be completed by the UCI Student:

Name: Last, First, Middle UCI ID# __________________________ Telephone Number ____________

PART 2 – To be completed by the family member attending college during the 2017-18 year:

1. See Page One for criteria under “Who is an eligible family member.”
2. Submit one form for each family member, make copies for additional family members.

Name of Family Member: ______________________________ Relationship to UCI student:___________ Date of Birth:____________

Name of College/University attending: ___________________________ ID#: __________________________

I grant permission to release information concerning my enrollment status to the University of California Irvine.

Signature ___________________________ Date ______________

NOTE: Do not complete PART 3 if your family member is enrolled at UCI.

PART 3 – Verification of Enrollment (select Option 1 or 2 below)

Option 1: To be provided by the family member attending college during the 2017-18 year –

Submit an official academic transcript or a printout of an online verification of enrollment (attached to this form) which includes the following information:

1) Student’s name
2) Enrollment status (at least six units for fall term)
3) Payment of fees
4) Name of the College/University
5) Class level

OR, submit a combination of official documents that contain the above information.

Option 2: To be completed by the Institution that the family member is attending –

1. Is the student listed in Part 2 enrolled at least half-time as defined by your institution? [ ] Yes [ ] No
2. Student's 2017-18 period of enrollment is: ☐ Fall 2017 ☐ Winter 2018 ☐ Spring 2018
3. Enrollment status: ☐ Undergraduate ☐ Graduate ☐ Professional ☐ Certificate ☐ Non-Degree ☐ Other ___

I verify that, to the best of my knowledge, the information above is true and correct.

Name: ______________________________ Title: ______________________________
Name of Institution: ______________________________ Phone: ______________________________
Signature: ______________________________ Date: ______________

Return by mail or fax:

(949) 824-4876 (fax) University of California Irvine
Office of Financial Aid and Scholarships
Attn: Financial Aid Counselor
102 Aldrich Hall
Irvine, CA 92697-2825

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