Our records indicate that we determined your financial aid eligibility based on more than one family member attending a post-secondary institution during the 2005-06 academic year. Consequently, you are required to verify enrollment of each family member attending a post-secondary institution, including UCI, on at least a half-time basis during Fall 2005.

Please use the form on the back of this letter to obtain enrollment verification for your family member(s). Be sure to read it carefully before completing it.

Part 1 is to be completed by you;

Part 2 is to be completed by your family member(s) **DO NOT INCLUDE YOUR PARENTS**,**, and

Part 3 is to be completed and returned by the Registrar's Office at the post-secondary institution your family member is attending.

Incomplete forms will be returned to you.

To simplify the process for sibling(s) attending UCI, complete Part 1 and Part 2, including the UCI ID number of the other family member(s), and submit the form to UCI School of Medicine. If more than one verification form is required, you may photocopy the form.

Please note that you can also meet the enrollment verification requirement by completing Part 1 and Part 2 of the form and attaching one of the following documents:

1. **A photocopy of your family member's fall quarter/semester registration card.** The registration card must clearly indicate the student's name, enrollment in at least six (6) units, Fall 2005 quarter or semester, the payment of fees, the name of the institution and class level.

2. **Your family member's official academic transcript** indicating current (i.e., Fall 2005) quarter/semester work in progress.

FAILURE TO SUBMIT THE REQUIRED VERIFICATION OF ENROLLMENT BY OCTOBER 7, 2005, WILL RESULT IN THE FOLLOWING:

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

IT IS YOUR RESPONSIBILITY TO ENSURE OUR OFFICE HAS RECEIVED THE DOCUMENT BY THE OCTOBER 7 DEADLINE. If you have any questions about this procedure or the form, it is recommended that you contact our office by calling (949) 824-6476.

☐ If your family member is no longer planning on enrolling in college for 2005-06 academic year please check this box, complete the information below and return the form to our office by the October 7th deadline.

Name_________________________________________________________________________Student I.D. number _________________

Student Signature __________________________Date________________________________________
Verification of Enrollment of Other Family Member in College

This form is required to verify enrollment of all family members in college. A separate form must be completed for each member of your family that is attending college at least half-time during the 2005-06 academic year. You must ensure this document is received in the UCI, School of Medicine by October 7, 2005, verifying enrollment for Fall 2005.

Please complete the form as follows:
- Part 1 - To be completed by the student who has applied for financial aid at UCI.
- Part 2 - To be completed by your family member before submitting the form to the institution that he/she is attending. ***DO NOT INCLUDE YOUR PARENTS***
- Part 3 - To be completed and returned by the Registrar's Office verifying your family member's enrollment.

PART 1
(To be completed by the UCI student)

Name________________________________________________ Student I.D. Number ______________________

Student Signature _________________________________ Date____________________________________________

PART 2
(To be completed by the family member attending an institution)

I __________________________________________________ authorize ____________________________________

Name - please print (Please print) 

Student ID Number ________________________________ Date of Birth _____________________

Signature_________________________________________________ Date___________________________________

PART 3
(To be completed and returned by the institution listed in Part 2)

In order to verify the number of family members attending college at least half-time, the UCI School of Medicine - Office of Financial Aid requires the following information. The Registrar's Office or the Financial Aid Office at the institution listed on Part 2 must complete the information for the student named in Part 2 of this form.

Winter quarter disbursement of funds will be held for the UCI student pending receipt of this form therefore, we ask that you return this form by October 7, 2005 and mail it to the address listed below or fax it to our office at (949) 824-1014. If you have any questions, please call us at (949) 824-6476.

1. Is the student listed in Part 2 enrolled at least half-time as defined by your institution? [ ] Yes [ ] No


3. Enrollment status: [ ] Undergraduate [ ] Graduate [ ] Professional [ ] Other________________________

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

Name of Institution: _____________________________________________

Address: ______________________________________________________

Name and Title: ________________________________________________

Signature______________________________________________________ Date _____________

Phone Number: ________________________________________________

Return to:
University of California, Irvine,
Office of Financial Aid
andEducational Financing
School of Medicine
Medical Education Building 802, Room 106
Irvine, CA 92697-4089