Enrollment Verification of Family Members

Our records indicate that we determined your financial aid eligibility based on more than one eligible family member attending a post-secondary institution during the 2006-07 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 2006.

Who is an eligible family member?
- A sibling who is under the age of 24 and enrolled as at least half-time in an undergraduate, degree or certificate program at another college.
- A member of your household, who is not your parent, who is under the age of 24 and enrolled at least half-time in an undergraduate, degree or certificate program at another college.

Who is not an eligible family member?
- Your parent.
- A sibling who is enrolled as a graduate student.
- A sibling who is enrolled in a military academy.
- A sibling who is enrolled in college less than half-time or is still in high school while attending college courses.
- A sibling who is 24 years old as of December 31, 2006.

Impact on Aid
Failure to submit required verification of enrollment 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.

Steps to Completing this Form

1. This form must be returned by October 2, 2006.
2. Complete a form for each family member who was included in the number in college on your FAFSA.
3. If your family member meets the criteria: Complete the back of this form including enrollment verification from your family member’s institution.
4. If your family member does not meet the criteria: Complete the section below.

Complete this box if your family member will not be attending college in Fall 2006.

☐ My family member(s) enrolled in college, as reported on my FAFSA, included a parent, or sibling enrolled in graduate school or less-than-half-time, which is not considered an eligible family members and verification of their enrollment is not required.

☐ My family member is over the age of 24.

☐ My family member is no longer planning on enrolling in college for 2006-07 academic year.

I understand my financial aid award may be reduced to reflect these changes.

Name_______________________________________________________   Student I.D. number _________________
Student Signature _________________________________Date____________________________________________
Verification of Enrollment of Other Family Member in College

Please complete the form as follows:

- Part 1 - To be completed by UCI student
- Part 2 - To be completed by family member
- Part 3 - To be completed and returned by the Registrar’s Office verifying family member’s enrollment.

Completed forms must be submitted to the UCI Office of Financial Aid and Scholarships no later than **October 2, 2006**.

**PART 1 - UCI Student**

| Name ___________________________________________________________ | Student I.D. number _________________ |

**PART 2 - Family Member**

1. Complete all information in this section.
2. Submit to your Registrar or Financial Aid Office for verification.
3. If you are a UCI student return directly to the Office of Financial Aid (verification not required from the Registrar).

| I ________________________________ authorize ________________________________ to release information about my enrollment status to the University of California, Irvine. |
| Name (please print) | (institution name) |
| Student ID Number ___________________________ | Relationship to Student ________________________ | Date of Birth ____________________________ |
| Signature ________________________________ | Date ________________________________ |

**PART 3 - Institutional Verification**

The UCI Financial Aid Office requires students to verify enrollment of family members attending college at least half-time. We request your assistance in verifying the enrollment status of the student listed in Part 2.

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 2, 2006.

Mail it to the address listed below or fax it to our office at (949) 824-4876. If you have any questions, please call us at (949) 824-8262.

1. Is the student listed in Part 2 enrolled at least half-time as defined by your institution? [ ] Yes [ ] No
2. Student’s **2006-07** period of enrollment is: [ ] Fall 2006  [ ] Winter 2007  [ ] Spring 2007
3. Enrollment status: [ ] Undergraduate  [ ] Graduate  [ ] Professional  [ ] 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 to: UC, Irvine, Office of Financial Aid & Educational Financing - School of Medicine, 106 Berk Hall Building 802, Irvine, CA 92697-4089

*If institutional verification is unavailable an official academic transcript or other verification of enrollment may be accepted. This documentation must clearly indicate: 1) student name; 2) enrollment in at least six; (6) units for fall quarter/semester; 3) payment of fees; 4) name of the institution; 5) class level.*