2010-11 Enrollment Verification of Family Members

Deadline: October 1, 2010

Our records indicate that we determined your financial aid eligibility based on more than one eligible family member attending college during the 2010-11 academic year. On page 2, please verify enrollment for family member(s) attending at least half-time during the fall 2010 term in a post-secondary institution. Including family attending UCI. **Complete one form for each family member, make copies if necessary.**

Who is an eligible family member?
- A sibling who is under the age of 24 and enrolled at least half-time in an undergraduate degree or certificate program at another college.
- A member of your parents’ household, who (a) will enroll in college at least half-time during the 2010-2011 academic year and (b) was born on or after 1/1/1987 and (c) will be enrolled in an undergraduate 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, military schools, non-degree granting programs and/or non-financial aid recipient colleges.
- Family members enrolled in less than half time and/or enrolled in Graduate or Professional Schools.
- Family members born before 1/1/1987.

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.

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 2010-11 academic year.
- He/She is my parent.
- He/She is enrolled in less than half time.
- He/She is enrolled in Graduate/Professional School.
- 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.
- He/She was born before 1/1/1987.

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 ___________________________
Verification of Enrollment of Other Family Member in College

Deadline: October 1, 2010

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 2010-11 year

1. See Page 1 for criteria under “Who is an eligible family member”
2. One form for each family member; make copies for additional family members.
3. If family member is enrolled at UCI, form does not need to be completed by Registrar’s Office, just complete Part 1 and Part 2 and return to the Financial Aid Office.

Name of Family Member __________________________ Relationship to UCI student ___________ Date of Birth ______________

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

Signature __________________________ Date ___________ Student ID Number ___________

If institutional verification is unavailable an official academic transcript or other verification of enrollment may be accepted. This documentation must clearly indicate all of the following information (attach to this form):

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

PART 3 - To be completed by the Institution that the family member is attending.

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.

1. Is the student listed in Part 2 enrolled at least half-time as defined by your institution? [ ] Yes [ ] No
2. Student’s 2010-11 period of enrollment is: ❑ Fall 2010 ❑ Winter 2011 ❑ Spring 2011
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: UCI School of Medicine
(949) 824-1014 (fax)
Office of Financial Aid and Scholarships
836 Medical Education Building
Irvine, CA 92697-4089

- 2 -