## 2018-19 Enrollment Verification of Family Members (for Independent 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 2018-19 academic year. On page two, please verify enrollment for family member(s) attending at least half-time during the Fall 2018 term in a post-secondary institution. Include family attending UCI. **Complete one form for each family member, make copies if necessary.**

### Who is an eligible family member?
- A spouse, who (a) will enroll in college at least half-time during the 2018-2019 academic year and (b) will be enrolled in a degree, diploma or certificate program.
- A child or other dependent of yours 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).

### Who is not an eligible family member?
- 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 2018, but will enroll at least half-time in Winter quarter 2019 or Spring semester 2019, 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, 2019.**

<table>
<thead>
<tr>
<th>Name _______________________________</th>
<th>Student ID Number __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Signature ___________________</td>
<td>Date ______________________________</td>
</tr>
</tbody>
</table>

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 2018-19 academic year.
- He/She is enrolled less than half time.
- He/She is enrolled in a non-degree granting program.
- He/She is enrolled 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.**

<table>
<thead>
<tr>
<th>Name _______________________________</th>
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</tr>
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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 Independent 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 2018-19 year:

1. See Page One for criteria under “Who is an eligible family member”
2. 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 2018-19 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 2018-19 period of enrollment is: [ ] Fall 2018 [ ] Winter 2019 [ ] Spring 2019
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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