

## 2016-2017 Enrollment Verification Form

Student's Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

Student's Middle Initial: \_\_\_\_\_

Student's 9-digit UCR ID#: \_\_\_\_\_

We determined your financial aid eligibility is based on **two** or more family members enrolled in college during the 2016-17 academic year. Please verify enrollment for your family member(s) attending college at least half time during 2016-17.

Write the names of all family members who will be attending college (in a program that leads to a college degree or certificate) at least half-time between July 1, 2016 and June 30, 2017, AND who your parents or you/your spouse will provide more than half of their support from July 1, 2016 through June 30, 2017. Be sure to write the **name of the college** for each family member you listed. **Don't include your parents, graduate students (unless the graduate student is your spouse), or students 24 years or older in your number in college** (unless parents can document that they will provide more than half of the student's support from July 1, 2016 to June 30, 2017).

| Full Name                    | Age       | Relationship  | College                   | Units Enrolled During 2016-17 Academic Year* |
|------------------------------|-----------|---------------|---------------------------|--|
| <i>Missy Jones (example)</i> | <i>18</i> | <i>Sister</i> | <i>Central University</i> | <i>12 units</i>                              |
|                              |           | Self          | UC Riverside              |  |
|                              |           |               |                           |  |
|                              |           |               |                           |  |
|                              |           |               |                           |  |
|                              |           |               |                           |  |
|                              |           |               |                           |  |
|                              |           |               |                           |  |

\* Please estimate, do not leave blank

(If there are more than 6 in college in 2016-17, please list them on the reverse side.)

If there are no other household members attending college besides you, please check the box: indicating that there is only 1 in college (myself).

I hereby confirm that the household members listed above are/will be attending college at least half-time, in a program that leads to a degree or certificate, between July 1, 2016 and June 30, 2017

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Parent Signature/Date (if student is dependent)

*After you have filled in the information, print, sign, and submit this form:*  
by email at [finaid@ucr.edu](mailto:finaid@ucr.edu), or by fax (951) 827-5619, or in person at  
UC Riverside - Financial Aid Office - 900 University Avenue - Riverside, CA 92521