

**Verification form for  
STUDENT ENROLLMENT STATUS**



*Instructions for Financial Aid Officials/Registrars: Please complete this form when a student's enrollment status has changed. During the 90-day grace period, many options can be offered to assist in repayment of the scholarship/loan.*

Student Name: \_\_\_\_\_ College: \_\_\_\_\_

SSN: \_\_\_\_\_ Program through which funding has been received: \_\_\_\_\_

Check enclosed:  No  Yes: Ck# \_\_\_\_\_ Amt \$ \_\_\_\_\_

**Verification of Student Enrollment**

Provide semester / term & year:	Enrolled full-time?	Enrolled part-time?	Not enrolled?
_____	_____ credit hours	_____ credit hours	<input type="checkbox"/>
_____	_____ credit hours	_____ credit hours	<input type="checkbox"/>
_____	_____ credit hours	_____ credit hours	<input type="checkbox"/>

The student's last anticipated date of enrollment: \_\_\_\_\_

**Change in Student Enrollment**

*Please check all that apply and write in the date on the provided line.*

Withdrew from program on: \_\_\_\_\_  Withdrew from this institution on: \_\_\_\_\_

Graduated from program with degree awarded on: \_\_\_\_\_

Was removed from the program due to insufficient academic progress on \_\_\_\_\_ but remains enrolled in the institution.  Yes  No If yes, full-time  part-time  Curriculum: \_\_\_\_\_

Was withdrawn from this institution because of insufficient academic progress on \_\_\_\_\_

Other (explain) \_\_\_\_\_

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Typed Name of Official

\_\_\_\_\_  
Title

***Please send the completed form to the attention of "Grants, Training, & Outreach" using the contact information at the foot of the page.***

