

VOSE

Verification of Student Enrollment

Name: _____ Social Security #: XXX-XX-_____

Instructions for Registrars: The above-named student is the recipient of a loan funded by the State of North Carolina. Please complete this form to assist our agency in the administration of this financial aid program.

Please complete the information below:

Term	Enrolled Full-Time	Enrolled Part-Time	Not Enrolled

The student's anticipated graduation date: _____

The above named student withdrew from this institution on _____

Signature of Official Date

Printed or Typed Name of Official Title

Name of School : _____

Address: _____

Phone Number: _____

Return completed form to:

NCSEAA-Repayment Services
P.O. BOX 14223
Research Triangle Park, NC 27709-4223