



**FRIENDS
UNIVERSITY**

2100 W. University St. • Wichita, KS 67213

Office of Financial Aid
Verification of Enrollment

Friends University Student's Name

Student's Social Security Number

Your Student Aid Report (SAR) indicated other member(s) of your family would attend a college/university **at least half-time** for this corresponding academic year.

Please have the other college-attending family member complete Section A of this form. After completion, please forward the form to the family member's respective Financial Aid Office or Registrar for completion of Section B. The completed form is due back to our office by ___/___/___.

SECTION A: To be completed by family member attending college

Student's SIGNATURE

Social Security Number

____/____/____
Date

PRINTED Name

PRINTED Name of Educational Institution

SECTION B: To be completed by Financial Aid Office or Registrar for Student in Section A

Enrollment Status (Check One):

____ Full-time

____ Less than half-time

____ At least half-time

____ Not enrolled

Is student is enrolled in a degree or certificate program? Yes ____ No ____

Authorized SIGNATURE

____/____/____
Date

PRINTED Name and Title

PRINTED Name of Educational Institution

This form may be duplicated if more than one family member is attending college.
A separate form must be completed for each family member.