



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.

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 At least half-time Less than half-time

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

Anticipated graduation date:

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.