



ENROLLMENT CERTIFICATION FORM
Scholarship and Financial Aid

UDM Student: _____

Social Security # or I.D. #: _____

On your Free Application for Federal Student Aid (FAFSA) you listed that one or more persons in your family will be attending college, at least half time, during the 2009-2010 academic year. The following information is needed to certify that a parent, spouse, sibling or a dependent of a student at the University of Detroit Mercy is enrolled half time or more at another institution in an eligible undergraduate or graduate program of study.

Instructions: Section A is to be completed by the family member attending a school other than the University of Detroit Mercy.

Section A:

Name of family member: _____

Social Security Number: _____

Relationship to student (circle one) Parent Spouse Sibling Dependent Child Other Dependent

I verify that I am enrolled in a post-secondary institution on at least a half-time basis without the assistance of employer or other non-financial aid outside assistance. By my signature below, I authorize the institution I attend to release the information listed requested.

Signature of Family Member Listed Above

Date

Instructions: Section B is to be completed by the Registrar's office of the student in section A.

Section B:

Name of Institution: _____

Address of Institution: _____

Is the family member enrolled for the 2009-10 academic year? ___ yes ___ no

Is the family member enrolled at least half time? ___ yes ___ no

Is this family member working towards a degree or certificate program that is eligible for participation in the Federal Student Aid Programs? ___ yes ___ no

Signature of Registrar

Date