Southern Polytechnic State University

Office of Scholarships and Financial Aid

1100 South Marietta Parkway
Marietta, GA 30060-2896

Website: www.spsu.edu/finaid
Email: Financial_aid@spsu.edu

Phone: (678) 915-7290
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2007-2008 POST-SECONDARY ENROLLMENT VERIFICATION FORM

Student's Name_____ Student I.D._____
Last First MI

Telephone: (____)_____ E-mail:_____

Section A: To be completed by SPSU Student

1. Do you have a spouse, siblings, and/or children who will be enrolled in an eligible post-secondary institution during the 2007-2008 academic year?

   ☐ Yes – Please proceed with the rest of this form.

   ☐ No – Leave the rest of the form blank and return it to the SPSU Office of Scholarships and Financial Aid.

2. Is your family member enrolled at SPSU?

   ☐ Yes – Leave the rest of the form blank and return it to the SPSU Office of Scholarships and Financial Aid.

   ☐ No – Please proceed with the rest of this form.

You must complete a separate copy of this form for each family member who is enrolled in an eligible post-secondary institution.

Section B: To Be Completed By Family Member Enrolled in Eligible Post-Secondary School

Family Member's Name_____ SSN_____
Last First MI

The SPSU student listed at the top of this form is my: ☐ Sibling ☐ Child ☐ Spouse

Please complete the signature release below and forward this form to your institution's Registrar's Office for certification of enrollment

I authorize_____(post-secondary institution) to release my enrollment information to Southern Polytechnic State University for purposes of completing the U.S. Department of Education Quality Assurance Program requirements. As of today, my expected graduation date is _____.

_____ _____
Signature of family member Date

Section C: To Be Completed By Registrar's Office at School of Family Member

This form certifies that the student listed in Section B is enrolled in a U.S. Department of Education approved degree or certificate program at this institution during one or more periods of enrollment for the 2007-2008 academic year. Our institution meets the definition of an "eligible post-secondary institution" by participating in Title IV financial aid programs.

Our U.S. Department of Education ID is _____

This student is: ☐ An undergraduate student enrolled in _____ hours
☐ A Graduate student enrolled in _____ hours
Is the graduate student's enrollment considered to be at least half-time as defined by the institution? ☐ Yes ☐ No

_____ **EXECUTE STAMP/SEAL HERE**
Print Name of Certifying School Official

Signature of Certifying School Official Date

Institution's Name, Address and Telephone Number