2020-2021 Sibling Enrollment Verification Form

A. To Be Completed by the Plymouth State University (PSU) Student:

PSU Student’s Name (Print): _______________________________ PSU ID #: ________________

My sibling (please print sibling’s name) __________________________________________ will / will not (please circle one) attend an undergraduate, postsecondary institution at least half time in a program that leads to a college degree or certificate during the 2020-2021 year.

If the family member will attend an undergraduate, postsecondary institution in 2020-2021 please indicate all terms in which he/she will be enrolled:

Summer _______ Fall _______ Winter _______ Spring _______

B. To Be Completed by Sibling Attending Another College or University

I authorize _____________________________ ________________ to release my enrollment information to PSU.

Please print name of college or university

Sibling Name (Print): ________________________________

Sibling Signature: _______________________________ Date: ________________

C. To Be Completed By Sibling’s College or University

Name of Institution: ____________________________________________

Students 2020-2021 Enrollment Status:
Full-Time _______ Half-Time _______ Less than Half-Time _______ Not Enrolled _______

Dependency Status:
Dependent _______ Independent _______

Is this student matriculated in a degree or certificate program?
Yes _____ No _____

Degree or certificate type:
Undergraduate _______ Graduate _______

Expected Date of Graduation (Month and Year):
________________________________________

________________________________________

Financial Aid Administrator Signature Date

Name and Title of Administrator (Print): __________________________________________

Phone number of Administrator: _________________________________________________