



2017-2018 Sibling/Spouse Enrollment Verification

Instructions: You indicated on your financial aid application that more than one member of your household will be enrolled at least half-time at a post-secondary institution during the 2017-2018 academic year. Please complete Sections 1 and 2 of this form and have your sibling/spouse's institution complete Section 3 and return this form to Student Financial Services. If you have more than one sibling enrolled in college, **you must submit a form for each sibling.**

1. To be completed by the Northeastern University student:

NU Student's Name: _____ NU ID: _____

My sibling/spouse, _____,
(Print Name)

Is **NOT** attending a post-secondary institution during the 2017-2018 academic year. *Please check this box and return this form directly to Northeastern University Student Financial Services.*

IS attending a post-secondary institution during the 2017-2018 academic year. *Please check this box and continue to Section 2.*

2. To be completed by the sibling/spouse of the Northeastern University student:

Sibling/Spouse's Name: _____

Relationship to Northeastern University Student: _____

Name of Institution Sibling/Spouse is Attending: _____

I hereby authorize the Financial Aid Office at the above-named institution to release the information requested below to Northeastern University.

Sibling/Spouse's Signature: _____

Send this form (with Sections 1 and 2 completed) to the Financial Aid Office of the sibling/spouse's institution for completion of Section 3.

3. TO BE COMPLETED BY THE SIBLING/SPOUSE'S INSTITUTION:

Enrollment Status: Full-Time At Least Half-Time Less Than Half-Time/Not Enrolled*

**Students enrolled less than half-time are not included in the number in college on the Free Application for Federal Student Aid (FAFSA).*

Dates of Enrollment: From: _____ To: _____ Expected Date of Graduation: _____

Cost of Attendance: \$ _____

Dependency Status: Dependent Independent

Is the student a financial aid recipient for the 2017-2018 academic year?: Yes No

Signature of School Official

Telephone Number and Email Address

Name and Title (please print)

Date