

Student Last Name _____ Student First Name _____ SID _____

Please check this box if you will be enrolled in the Summer 2018.

Complete Section A & B of this form and submit it to the Institution your sibling is currently attending. The Bursar/Registrar at your sibling's school must complete Section C.

SECTION A: LMU STUDENT INFORMATION

Mailing Address _____ Street _____ Apartment # _____

City _____ State _____ Zip Code _____

SECTION B: SIBLING INFORMATION

Name of Sibling _____ Social Security Number _____ Name of College/University _____

SECTION C: ENROLLMENT VERIFICATION (Completed by Sibling Institution's Registrar/Bursar)

Instructions to the Bursar/Registrar:

The student listed in **Section B** is/will be enrolled at your institution for the 2018-2019 academic year.

This verifies that the student listed in **SECTION B** is enrolled in a **degree or educationally recognized certificate program** at the eligible institution* indicated below, on an **at least half-time** basis during the 2018-2019 academic year, for the following terms:

Fall 2018 _____ Winter 2019 _____ Spring 2019 _____

(Please indicate the number of units enrolled in per term)

STAMP VERIFYING SEAL HERE

*Institution is eligible to participate in Title IV programs

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE

Name and Title of School Official (printed) _____

School Official Signature _____

Date _____