

University of MA Medical School
Verification of Enrollment for Family Member 2019-2020

You reported on your FAFSA/CSS Profile form that one or more of your family members will be attending college at least half-time during the 2019-2020 school year. To continue processing your application for financial aid, the school your family member(s) attend(s) must complete, sign, and return this Verification of Enrollment form to the University of MA Medical School. **Please submit one form for each attending family member.**

Part I. Student Attending UMMS Information

Name:	SSN:
Email Address:	Phone #

Part II. Family Member Attending School at Least Half-Time Information

Please complete and submit this form to the financial aid office of the school you are attending at least half-time.

Your Name:	Your SSN:
Your Relationship to UMMS student:	
Name of School you are attending at least half-time:	

I hereby authorize the Financial Aid Office at the above-named institution to provide enrollment information to the University of MA Medical School.

Signature: _____ Date: _____

Part III- To be completed by the Financial Aid Office at School Family Member is Attending

The person listed in Part II indicated he/she is attending your school, please complete the information below and submit the form to the University of MA Medical School.

Is this student enrolled in a degree/certificate program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this student is: <input type="checkbox"/> Dependent <input type="checkbox"/> Independent This student is: <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student	
Student enrollment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time <input type="checkbox"/> Not enrolled	
Dates of Enrollment: From: _____ To: _____ Expected Date of graduation: ____/____/____	
Name of School:	
Name of Financial Aid Official:	Title:
Email Address:	Telephone #:
Signature of Financial Aid Official:	Date:

Fax completed form to: 508-856-1899 or scan/email to: financialaid@umassmed.edu

University of MA Medical School
Office of Financial Aid S1-844
55 Lake Ave North
Worcester, MA 01655

