2019-2020 Verification of Sibling Enrollment

Name of Colgate Student

CUID#

B. Sibling Information (to be completed by sibling of Colgate University student):				
Sibling's Name (Print)		Signature of sibling		
Name of college/university sibling is presently attending By signing, I authorize the institution where I am enrolled t			School ID # to release the information requested below to Colgate University.	
C. Sibling's Enrollment Verification (To be completed by the Financial Aid Office at the sibling's college by September 13, 2019)				
Financial Aid Officer:				
Print Name/Title Email Address Phone Number				
Fall 2019 status:			Anticipated Spring 2020 status:	
Enro	lment Status	Degree Level	Enrollment Status	Degree Level
	Full-time	□ Associate Degree	□ Full-time	Associate Degree
	Half-time	□ Bachelor Degree	□ Half-time	□ Bachelor Degree
	Less than half-time	Graduate Degree	□ Less than half-time	Graduate Degree
	Not enrolled		□ Not enrolled	Certificate
		□ Non-degree		Non-degree
Is the student a financial		If yes, Financial Aid	Total Cost of Attendance	Total 19-20
aid recipient?		Dependency Status:	2019-2020:	Grant/Scholarship Aid (from the college):
	Yes	Dependent		

Signature of Financial Aid Officer:

□ No

A. Colgate University Student Information:

Signature of Financial Aid Officer

□ Independent

Date

This form should be completed and returned to the Colgate University Financial Aid Office by September 13, 2019 via email or fax to 315-228-7050.