

NATIONAL UNIVERSITY

2009-2010

Financial Aid Office
11355 North Torrey Pines Road
La Jolla, CA 92037-1011
(858) 642-8500

VERIFICATION OF ENROLLMENT

Student Name: _____

Student ID: _____

Section I: This section is to be completed by the other family member attending college. Please ask him/her to take or mail this form to the college/university he/she is attending.

Section II: This section is to be completed by the Registrar of that college/university.

Section I

To be completed by the student's family member before submitting to their college/university.

Name: _____ SSN: _____
(Last) (First) (Initial)

Student I.D. Number: _____

Type of Degree/certificate program: _____

- Full-Time (12 units or more)
- Three-Quarter Time (9 to 11 1/2 units)
- Half-Time (6 to 8 1/2 units)
- Other (1 to 5 1/2 units)

This request is for the Term 2009__ 2010 __ Fall Winter Spring Summer

Student Signature: _____ Date: _____

Section II

The above student is/has been registered in a degree or certificate program for the following enrollment period:

Term 2009__ 2010 __ Fall Winter Spring Summer

- Full-Time (12 units or more)
- Three-Quarter time (9 to 11 1/2 units)
- Half-Time (6 to 8 1/2 units)
- Other (1 to 5 1/2 units)

Registrar's Name: _____

Name of College: _____

Date: _____ Phone: _____

