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CLAREMONT McKENNA COLLEGE

Sibling Enrollment Verification Form

Student Name: _____ _____
Student of Claremont McKenna College ID Number

This form is required for each sibling of a CMC student who is included in the household and is currently enrolled in a post-secondary institution. **Please be aware that changes in enrollment status will likely result in a revision in your financial aid award. Failure to report such changes may result in a greater reduction in the aid award.**

Section 1: (To be completed by family member in college or by parent)

_____ _____
Name of Sibling in College ID Number

is presently attending _____.

I grant permission to release the information requested in Section 2.

_____ _____
Signature of Family Member in College or Parent Date

Section 2: (To be completed by certifying official at sibling's college or university)

The student in Section 1 is:

Enrolled: ☐ Full-Time ☐ Half-Time ☐ Less than Half-Time

Program of Study: ☐ Degree ☐ Certificate

Level of Study: ☐ Undergraduate ☐ Graduate

Dependency Status: ☐ Dependent ☐ Independent

Expected Date of Program Completion: _____

Cost of Attendance: $_____

_____ _____
Signature of Certifying Official **Date**

_____ _____
Print Name & Title of Certifying Official **Phone Number**

Please return to:

Claremont McKenna College Financial Aid Office 890 Columbia Ave, Claremont, CA 91711-6425