

Office of Financial Aid WTAMU Box 60939 Canyon, Texas 79016-0001

Phone: 806-651-2055 Fax: 806-651-2924

E-mail: financial@wtamu.edu

ENROLLMENT VERIFICATION

	•	member is listed as attending college on you her family members listed in college. One for	ur 17/18 FAFSA. Please provide information orm per family member is required.
WT student's name:			Buff ID #:
C	-	nily member will not attend a post-secondary WTAMU Financial Aid.)	y institution. (If checked, stop here and return
Ţ	I have reported a parent in college. (If checked, stop here and return form to WTAMU Financial Aid.)		
C	 My sibling or child is a graduate student. (If checked, stop here and return form to WTAMU Financial Aid.) 		
C	 My spouse is a graduate student. (<i>If checked, continue to Section B.</i>) My: (Circle One) Sibling Spouse Child <u>will</u> attend a post-secondary institution at least half-time in a degree program during the 2017-2018 academic year. (<i>If checked, continue to Section B of this form.</i>) 		
C			
Section B:	Complete	using sibling/spouse/child information	
• Family member's name:			DOB:
How is this person related to you?			(sibling/spouse/child)
		017 () Spring 2018 () Summer 2018	
		ation attending in 2017/2018:	
* <i>If s</i>	ibling/spou	se/child attending WTAMU stop here enroll	ment can be verified by our office. However
this	form will n	ot be complete until sibling/spouse/child is a	actually registered in classes.
verit enro inclu	fication from llment veri	rollment in a post-secondary institution to be m your sibling/spouse/child's school must be fication needs to be legible and official. The owing information:	e turned into our office. The schedule or

-Hours Enrolled-(if enrolled in less than six hours will not be counted in college)

-Institution Name -Semester Enrolled