

Office of Financial Aid

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ENROLLMENT VERIFICATION

	nan one family member is listed as attending college on your 18/1 out the other family members listed in college. One form per additional and the college is a second of the college of the college.		
WT student's name:		Buff ID #:	
	 My family member will not attend a post-secondary instit form to WTAMU Financial Aid.) 	ution. (If checked, stop here and return	
	☐ I have reported a parent in college. (If checked, stop here a Aid.)	and return form to WTAMU Financial	
	 My sibling or child is a graduate student. (If checked, stop here and return form to WTAMU Financial Aid.) 		
	□ My spouse is a graduate student. (If checked, continue to Section B.)		
	My: (Circle One) Sibling Spouse Child <u>will</u> attend a post-secondary institution at least half-time in a degree program during the 2018/2019 academic year . (<i>If checked, continue to Section B of this form.</i>)		
Section	B: Complete using sibling/spouse/child information		
• F	Family member's name:	DOB:	
How is this person related to you?		(sibling/spouse/child)	
• T	Γerm: () Fall 2018 () Spring 2019 () Summer 2019		
	Name of institution attending in 2018/2019:		
	If sibling/spouse/child attending WTAMU stop here enrollment of	0 0	
	his form will not be complete until sibling/spouse/child is actuall	_	
v e	In order for enrollment in a post-secondary institution to be verification from your sibling/spouse/child's school must be turned enrollment verification needs to be legible and official. The sched needs the following information:	ed into our office. The schedule or	

- o Student Name
- o Institution Name
- Semester Enrolled
- o Hours Enrolled (if enrolled in less than six hours will not be counted in college)