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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