Graduate Student Enrollment Verification Form

Student’s Name: ____________________________  Eagle ID Number: ____________________________

We have received your Boston College Financial Aid application. Additional information is needed before we can
determine your financial aid eligibility for the 2016-2017 academic year. Please complete this form and mail it to:

Boston College
Financial Aid Processing Center
P.O. Box 67486
Chestnut Hill, MA 02467

What is your expected graduation date? ______________________________________________________

What is the number of credits you will be enrolled in for the following semesters?

Summer 2016* _______  Fall 2016_______  Spring 2017 _______  Summer 2017 _______

*If you will be enrolled for Summer 2016, do you want to be considered for a Federal Direct Stafford Loan?

☐ Yes  ☐ No

Note: You must be enrolled at least half-time during the summer in order to receive federal financial aid.

Which Graduate School will you be enrolled in for the 2016-2017 academic year?

☐ GSAS
☐ Grad CSOM
☐ Grad LSOE
☐ Grad CSON
☐ SSW
☐ Grad WCAS
☐ STM
☐ Law

Will you be enrolled in a dual degree program during the 2016-2017 academic year?  ☐ Yes  ☐ No

If yes, in which programs? ________________________________________________________________

If yes, in which school will you be enrolled during the Fall semester? ____________________________

If yes, in which school will you be enrolled during the Spring semester? ____________________________