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 2017–2018 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 2017* ________  Fall 2017 ________  Spring 2018 ________  Summer 2018 ________

*If you will be enrolled for Summer 2017, 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 2017–2018 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 2017–2018 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? ____________________________