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 2018–2019 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 2018* __________  Fall 2018__________  Spring 2019 _________

*If you will be enrolled for Summer 2018, 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 2018–2019 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 2018–2019 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? _______________________________