Graduate Student Enrollment Verification Form

Student’s Name: ___________________________  Eagle ID Number: ___________________________

We have received your request for Financial Aid. Additional information is needed before we can determine your financial aid eligibility for the 2019–2020 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 2019* _______  Fall 2019_______  Spring 2020 _______

*If you will be enrolled for Summer 2019, 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 2019–2020 academic year?

❑ Grad MCAS  
❑ Grad CSOM  
❑ Grad LSOE  
❑ Grad CSON  
❑ BCSSW  
❑ Grad WCAS  
❑ STM  
❑ Law

Will you be enrolled in a dual degree program during the 2019–2020 academic year?  ❑ Yes  ❑ No

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

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? ____________________________