Graduate and Law 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 2020–2021 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 2020* _______ Fall 2020_________ Spring 2021 _________

*If you will be enrolled for Summer 2020, 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 2020–2021 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 2020–2021 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? __________________________