Our records show that your financial aid eligibility was based on more than one family member attending college during the 2015-2016 academic year (July 1, 2015 to June 30, 2016). You are required to verify enrollment of each family member attending college on at least a half-time basis during 2015-2016, including sibling(s) attending SUA. A separate form must be completed for each member of your family that is attending college at least half time during the 2015-2016 academic year.

Who is an eligible family member?
• A sibling who is under the age of 24 (born on or after 1/1/1992)
• Enrolled in college at least half-time during the 2015-2016 academic year
• Enrolled in an undergraduate degree, diploma or certificate program

Who is NOT an eligible family member?
• Parents
• Foster children
• Family members enrolled in less than half time and/or enrolled in Graduate or Professional Schools.
• Family members born before 1/1/1992.

How does this impact your financial aid? Changes to the number of family members enrolled in college may have a substantial impact on your aid eligibility. Failure to submit required verification will result in the following:

1. Delay in Fall term financial aid disbursements
2. Recalculation of financial aid eligibility

Complete this section IF one or more of the family members you reported on your application is no longer planning to attend college or is considered ineligible. Please update the information in this box for each ineligible family member, sign and submit.

My family member(s) included on my application (Name(s) ____________________________) does not qualify because:

☐ He/she will not be attending college in the 2015-16 academic year.
☐ He/she is my parent.
☐ He/she is enrolled in less than half time.
☐ He/she is enrolled in Graduate/Professional School.
☐ He/she is enrolled in a non-degree granting program.
☐ He/she was born before 1/1/1992.

The total number of family members attending college (including myself) will be:____. I understand that my financial aid award may be revised to reflect these changes.

Name: ___________________________________________ SUA ID# _____________________________

Student Signature ___________________________ Date ____________________________

Please mail or deliver in-person this form and any supporting documents. SUA will not be responsible for any data breach if you choose to submit information through email and we may still request that you submit original documents.
## Soka University of America – Office of Financial Aid

**Enrollment Verification**

**Deadline: September 8th, 2015**

**2015-2016**

**SIB**

---

### SECTION 1 - To be completed by SUA student

<table>
<thead>
<tr>
<th>Name</th>
<th>SUA ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
</tbody>
</table>

---

### SECTION 2 - To be completed by the family member attending college during the 2015-2016 year, including SUA

<table>
<thead>
<tr>
<th>Sibling’s name (Last, First):</th>
<th>Student I.D. #</th>
</tr>
</thead>
</table>

| Name of College/University attending: | |
| Relationship to SUA Student | Date of Birth |

_I grant authorization to release my enrollment status information to Soka University of America, Aliso Viejo, CA, USA._

<table>
<thead>
<tr>
<th>Signature of Sibling:</th>
<th>Date</th>
</tr>
</thead>
</table>

Please note that you can also meet the enrollment verification requirement by completing Sections 1 and 2 and attaching the following documents (if you can’t complete section 3):

A copy of your family member’s 2015 Fall term registration card or transcript. It must clearly show:

- Student’s name,
- Enrollment status- at least six (6) units,
- 2015 Fall term
- Payment of fees
- Name of college/university
- Grade/class level

---

### SECTION 3 – Verification of Enrollment

(To be completed by the college your family member is attending, then returned to Soka University of America)

In order to verify the number of family members attending college at least half time, the SUA Office of Financial Aid requires the following information:

1. Is the student listed in Section 2 enrolled at least half time as defined by your institution?  [ ] Yes  [ ] No

2. Student’s 2015-2016 period of enrollment is:  [ ] FALL 2015  [ ] SPRING 2016

3. Enrollment status:  [ ] Undergraduate  [ ] Graduate  [ ] Professional  [ ] Other __________________

To be completed by official at the college: I verify that the information above is true and correct.

<table>
<thead>
<tr>
<th>Name of College Official:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Please mail or deliver in-person this form and any supporting documents. SUA will not be responsible for any data breach if you choose to submit information through email and we may still request that you submit original documents.