

Financial Aid and Scholarships
University of California, Davis
One Shields Avenue
Davis, CA 95616-8596

FAX: (530) 752-1587
financialaid.ucdavis.edu
my.ucdavis.edu/ask_us

VERIFICATION OF COLLEGE ENROLLMENT FOR SPOUSE 2016-2017

Before we can recalculate your financial aid eligibility to include a spouse attending college, we must verify that your spouse is enrolled at least half-time in a degree-seeking program for the 2016-2017 academic year.

SECTION 1 (To be completed by the *UC Davis student*)

Name: _____ Student I.D. #: _____

My spouse (name), _____, will attend a postsecondary institution during the 2016-2017 academic year.

Your spouse **must complete Section 2** of this form.

SECTION 2 (To be completed by the *spouse* of UC Davis student)

To verify information on my spouse's financial aid application, I authorize the institution in which I am enrolled to release the information requested in Section 3 of this form to the UC Davis Financial and Scholarships office.

Signature of spouse: _____ Date: _____

Please print your name: _____ Student I.D. #: _____

SECTION 3 (To be completed by the *Registrar* at the *spouse's college*)

Please assist the UC Davis Financial Aid and Scholarships office by providing the following information for the student listed in Section 2. Return the completed form to the UC Davis Financial Aid and Scholarships office (*address above*).

Is the student enrolled in a degree or certificate program for the 2016-2017 academic year? Yes No

Current enrollment status for the 2016-2017 academic year: full-time half-time or more
 less than half-time

Expected month/year of graduation or completion of program: _____

I certify that the information I have provided is accurate to the best of my knowledge.

SCHOOL
STAMP OR
SEAL

Signature: _____ Date: _____

Name: _____ Title: _____ Phone: _____

Institution: _____ E-mail: _____

Address: _____