



# Verification of Dependent Post – Secondary Enrollment

Name of UMDNJ Student: \_\_\_\_\_ University ID Number (UIN): \_\_\_\_\_

School: \_\_\_\_\_ Class Of: \_\_\_\_\_

In order to document the information supplied on your FAFSA, we require that you submit one copy of this form for each son or daughter attending a post – secondary educational institution on at least a half – time basis during the upcoming academic year. Have your dependent complete the information in Part I and forward to the appropriate institution’s Registrar or designee for confirmation and signature. **BEFORE FORWARDING TO YOUR DEPENDENT’S REGISTRAR, BE SURE TO INDICATE THE APPROPRIATE CAMPUS BELOW.**

If your dependent will not be attending a post – secondary educational institutional on at least a half – time basis, check here \_\_\_\_\_. Print his / her name \_\_\_\_\_ and return this form to the appropriate Student Financial Aid Office. It will not be necessary to complete the remainder of this form.

### PART I (Please Print)

Name of Dependent \_\_\_\_\_  
Last First Social Security Number

Name and Address of school dependent will be attending:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Registrar’s Office at the above mentioned school to release the information in Part II to the UMDNJ – Student Financial Aid Office indicated on the bottom of this form.

Signature of Dependent \_\_\_\_\_ Date \_\_\_\_\_

### PART II (To be completed by the Registrar or Designee)

Indicate **anticipated** enrollment status of student named in Part I during the upcoming academic year.

- \_\_\_\_\_ Full – time
- \_\_\_\_\_ Half – time
- \_\_\_\_\_ Less than half – time
- \_\_\_\_\_ Not enrolled
- \_\_\_\_\_ Acceptance offered, student has not matriculated at this time

Additional comments if necessary:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Registrar or Designee \_\_\_\_\_ Print Name & Title \_\_\_\_\_ Date \_\_\_\_\_

### Return Completed Form Within Ten (10) Days To The Indicated Office:

**UMDNJ – Newark Campus**  
Student Financial Aid Office  
ADMC 1208  
30 Bergen Street  
P.O. Box 1709  
Newark, NJ 07107-1709

**UMDNJ – Piscataway Campus**  
Student Financial Aid Office  
675 Hoes Lane, C-103  
Piscataway, NJ 08854

**UMDNJ – Stratford Campus**  
Student Financial Aid  
40 E. Laurel Road  
UEC / Suite 1030  
Stratford, NJ 08084-1350