



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
30 Bergen Street / ADMC 1208
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