VILLANOVA UNIVERSITY

Sibling Enrollment Verification

Please Return To:
Office of Financial Assistance Dropbox
https://www.villanova.edu/university/office-of-financial-assistance/contact-us/dropbox-and-important-forms.html

Villanova University

Student's Name:_____ Student ID Number:_____

Continue to Section A if sibling will be attending a post-secondary institution. Notify the Villanova University Office of Financial Assistance IF sibling will not be attending a post-secondary institution. **Section B must be completed by a representative from the sibling's institution.**

A. To Be Completed by Sibling of Villanova University Student

In order to verify information on my sibling's financial aid applications, I authorize the institution at which I am enrolled to release the information requested to Villanova University.

Name:_____ Student ID Number: _____

Signature: _____ Date: _____

Will you, the sibling of the Villanova University student, also be enrolled at Villanova University for the 2027-2028 academic year?

☐ Yes ☐ No

If Yes, please indicate your Villanova University Student ID Number and return the form to the Office of Financial Assistance.

Villanova University Student ID Number: _____

If No, please indicate the Name of the Post-Secondary Institution you will be attending during the 2027-2028 academic year and continue to Section B. If you will NOT be enrolled, please state so below.

Name of Post-Secondary Institution:_____

B. To Be Completed by a Representative from the Institution the Sibling is Attending, referenced in Section A.

A Villanova University student has indicated on their financial aid application that they have a sibling, who is referenced in Section A above, who will be attending your institution during the 2027-2028 academic year.

Please complete ALL 3 QUESTIONS below regarding the student enrolled at your institution to assist us in our certification. Please upload this form to Villanova University Office of Financial Assistance Dropbox once it has been completed in its entirety.

1. **Expected Graduation Date**:_____ *(Month/Year)*
2. **Enrollment Status:** ☐ Full-Time ☐ Half-Time ☐ Less Than Half-Time ☐ Not Enrolled
3. **Program of Study**: ☐ Undergraduate ☐ Graduate ☐ Certificate ☐ Non-Degree

I certify that the above information is complete and accurate to the best of my knowledge.

Name of College Official:_____

Signature of College Official:_____ Date:_____

Title of College Official:_____

Email of College Official:_____ Phone Number:_____

Address of Institution:_____

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