



DUKE UNIVERSITY MEDICAL CENTER
 School of Medicine
 Office of Financial Aid

SIBLING COLLEGE VERIFICATION ENROLLMENT 2018-2019

Your Need Access listed a brother or sister as being enrolled in a Postsecondary educational institution for 2018-2019. This form is required for their certification of enrollment and requires a Registrar signature and seal from the school. Your financial aid award was based on this information and will need to be revised if not received or if sibling is not enrolled. **Please fax, email, or mail this form to our office by October 30, 2018.**

 DUKE MEDICAL SCHOOL STUDENT

_____ is enrolled as a _____ full time
 SIBLING NAME _____ half time or more
 _____ less than half time

Student in a _____ Degree program at _____
 _____ Certificate NAME OF INSTITUTION
 _____ Non-Degree

during the Fall 2018 semester/term.

The expected date of graduation is _____.

 DATE

 SIBLING SIGNATURE

Bottom portion to be completed by Sibling's Registrar (not Duke Registrar)

FOR REGISTRAR USE ONLY

I certify that the above information is true.

 DATE

 SIGNATURE OF REGISTRAR

SEAL _____

Return To: Office of Financial Aid, Duke Univ. School of Medicine