

2007-08 FALL ENROLLMENT STATUS VERIFICATION FORM

Failure to complete this form will delay the processing of your aid.

PLEASE PRINT OR TYPE IN BLACK INK!

STUDENT'S NAME

Last Name

First Name

Soc. Sec. #

I am processing your financial aid and need answers to the items below that pertain to your enrollment during Fall (August - December) 2007:

_____ I DID NOT/WILL NOT attend any other college during Fall Term (August - December) 2007.

_____ During Fall Term (August - December) 2007, I did/will attend:
(Please indicate the name and address of the school.)

_____ I will not attend Eastern Illinois University during Fall Term (August - December) 2007 and/or Spring Term (January - May) 2008. Please cancel my financial aid application.

STUDENT'S SIGNATURE: _____ **DATE:** _____

MAIL THIS FORM TO EASTERN ILLINOIS UNIVERSITY, OFFICE OF FINANCIAL AID, 600 LINCOLN AVE, CHARLESTON, IL 61920-3099. FAX 217-581-6422.

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