

**2009-10 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. #

\_\_\_\_\_  
EIU ID#

I am processing your financial aid and need answers to the items below that pertain to your enrollment during Fall (August - December) 2009:

\_\_\_\_\_ I DID NOT/WILL NOT attend any other college during Fall Term (August - December) 2009.

\_\_\_\_\_ During Fall Term (August - December) 2009, 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) 2009 and/or Spring Term (January - May) 2010. 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.

**SP**