

Financial Aid Office · 200 Westboro Road · North Grafton, MA 01536

	2024-20	025 ENROLLMENT V	ERIFICATION I	FORM	
Cummings				Year	V
Student -	Last	First	MI	•	
		<u>L STUDENT</u> dren* who will be/are enrolle	ed in an eligible post-s	econdary insti	tution during the
	☐Yes − Enroll	led in term(s) checked below	:		
	☐ Fa	all Term 2024-25 Academic Y	Year		
	Spi	ring Term 2024-25 Academic	c Year		
	Please	e proceed with the rest of this	s form		
	□No - Leave tl	he rest of the form blank and	return it to the Cumm	ings School Fi	nancial Aid Office
*You must complete	e a separate copy of thi	s form for each family memb	per who is enrolled in a	n eligible post	t-secondary institution.
_		•			
TO BE COMPLETED I	<u>BY FAMILY MEMBER E</u>	ENROLLED IN ELIGIBLE POST	-SECONDARY SCHOOL		
Family Member's Na				ID#	
	Last	First	MI	🗆 ~	
		e top of this form is my:		hild Spot	
Please complete the enrollment.	e signature release bel	low and forward this form	to your institution's r	egistrar's off	ice for certification of
			(post-secondar	ry institution)	to release my enrollmen
information to Cumr	mings School. As of to	day, my expected graduation	date is		
Signature of Family Member			Date		
		CE AT SCHOOL OF FAMILY M		_	
		listed above is enrolled or wation during one or more period			
		ble post-secondary institution			
Our U.S. Departmen	nt of Education ID is	·			
This student is:	Undergraduate s	student			
	Graduate studen				
	Is the student's enroll	ment considered at least half	time as defined by the	e institution? [∐Yes □No
					Execute Stamp/Seal
Print Name of Certif	fying School Official				Here
Signature of Certifyi	ing School Official			Date	
Signature of Certifyl	ing school Official			Date	
Institution's Name.	Address and Telephone	e Number			

Telephone: (508) 839-8733 <u>vet-finaid@tufts.edu</u> Fax: (508) 887-4820

Form may be submitted via Tufts Box: https://tufts.app.box.com/f/cecb4099ace3430eb9dca429b6126cde