

For Office Use Only:



2019-2020 Number in College Verification Form

Student Name: _____ Banner ID: _____

Clarification is required regarding the number of members in your household attending college. In the box below, include:

- Yourself
- Household members accepted into a degree or certificate program and will enroll at least 1/2 time* between July 1, 2019 and June 30, 2020.

Form will be returned if any columns are left blank or "unknown"

Full Name	DOB mm/yy	Relationship to Student	Name of College Attending*	# of Credits enrolled
		Self	Bridgewater State University	

*Must be accepted in a degree program and attending college at least half-time in 2019/2020 (6 credits or more per semester). Name of college is required.

Student Signature

Date

Parent Signature (if DEPENDENT)

Date

Return completed form to:
Financial Aid Office ~ Bridgewater State University
45 Plymouth Street, Bridgewater, MA 02325 ~ (508) 531-1341 ~ Fax (508) 531-1728