

Vagelos College of Physicians and Surgeons

College of Dental Medicine

ACADEMIC YEAR 2021-22

Office of Student Financial Aid & Planning

630 West 168th Street Black Building, Room 1-139 New York, NY 10032 212.305.4100 Tel 212.305.0221 Fax

ENROLLED IN COLLEGE OR GRADUATE SCHOOL www.cumc.columbia.edu/ student/finaid

We are asking the registrars at colleges attended by our students' siblings or spouse to complete this form and return it directly to the Office of Student Financial Planning at Columbia University College of Physicians and Surgeons and the College of Dental Medicine. If we do not receive the form by **SEPTEMBER 30th**, we will assume that the sibling or spouse is not enrolled, and our student's financial aid will be adjusted accordingly.

VERIFICATION FORM FOR SIBLING/SPOUSE

TO BE COMPLETED BY COLUMBIA	UNIVERSITY STUDEN	NT:	
Student's Name (Please print or type)		UNI	
Program & Grad. Year			
Number of siblings enrolled in college			
(Note: Complete a separate form for each).			
TO BE COMPLETED BY SIBLING/SE	POUSE:		
Name (Please print or type)		School ID # to release my enrollment information	
authorize (Name of Institution)			
to the Student Financial Planning Office at Col			
Signature of Sibling or Spouse		Date	
TO BE COMPLETED BY SCHOOL FO	OR THE ABOVE-NAME	ED SIBLING/SP	OUSE:
Student's enrollment status for 2021-22	Full-time Part-time	Half-	time Enrolled
Dates of enrollment: From	to		
Expected month/year of graduation: /			
Degree of certification sought			
Name and address of school:			
Signature	Date		Affix school stamp or seal here.
Name and Title	Phone		•
Please return this form to:	Office of Student Finance College of Physicians & College of Dental Medic Columbia University 630 West 168th Street, I	z Surgeons cine	

New York, New York 10032