



## Sibling Enrollment Certification Form 2020-21

### Section A: Christopher Newport University Student Information

<b>Last</b>	<b>First</b>	<b>MI</b>	<b>Student ID #</b>
<b>SSN</b>			

### Section B: Sibling Information

<b>Last</b>	<b>First</b>	<b>MI</b>
<b>SSN</b>		

### Section C: To be completed by the Financial Aid Office of the Sibling's Institution

The Christopher Newport University student named in Section A has indicated on their financial aid application that they have a sibling (named in Section B), attending your institution. Please complete the following information regarding your institution. Return this form to the Office of Financial Aid at Christopher Newport University as soon as possible. Processing of financial aid application will continue once the information has been received and reviewed.

**Enrollment Status:** Full-time     ¾ time     Part-time     Less than half-time

**Expected Graduation Date:** \_\_\_\_\_

**I certify that the above information is accurate.**

\_\_\_\_\_  
Certifying School

\_\_\_\_\_  
Name/Signature of Certifying Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Certifying Official

\_\_\_\_\_  
Telephone

Place School Seal Here: