GRADUATE STUDENT ENROLLMENT VERIFICATION FORM

The student listed below is applying for an educational loan through the Stafford Student Loan, or other Auxiliary Loan program. In order to process the student’s application, we must verify the student’s enrollment status in the graduate program.

Please complete the Section III on the reverse side of this form and return the form to the WPI Financial Aid Office as soon as possible.

I. General Information

Name: _________________________________________  WPI ID#:__________________
Local Address: ________________________________________________________
________________________________________Tel. #: _________________
Department Name:_______________________________
Advisor’s Name:_________________________________
Expected Graduation Date: ____________________

II. Intended Course Load

I will be taking the following number of credits:
Fall 20___ ____________________   Spring 20___ _____________________
Summer 20___ _____________________

I have completed my course work and will be registered for thesis dissertation research for the following number of credits.
Fall 20___ ____________________   Spring 20___ _____________________
Summer 20___ ____________________

NOTE: Please have your department head or advisor complete the reverse side of this form.
Department Head or Advisor:

1. The student has earned a bachelor’s degree _____ Yes _____ No. If yes from what institution? ________________________________________________________________

2. The student has been:

   Unconditionally Accepted _____ Provisionally Accepted _____

   Not Accepted _____ Enrolled in a Certificate Program _____

The student must be accepted into a degree granting program, taking courses leading to an acceptance, or be enrolled in a certificate program in order to be eligible for any loans.

2. Please check the appropriate box(es) in relation to the student’s expected enrollment status.

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<thead>
<tr>
<th></th>
<th>Full Time</th>
<th>At Least Half Time</th>
<th>Less Than Half Time</th>
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</thead>
<tbody>
<tr>
<td>Fall 20___</td>
<td></td>
<td></td>
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<tr>
<td>Spring 20_</td>
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<tr>
<td>Summer 20_</td>
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</table>

3. Student will have an (check appropriate award(s) and semester(s)):

   Assistantship _____ Fall 20____ ___________ Spring 20____ ___________
   Fellowship _____ Fall 20____ ___________ Spring 20____ ___________

   $$ Value of Fellowship $___________

   Tuition Waiver ____ Fall 20____ ___________ Spring 20____ ___________

_______________________________________           _______________________
Department Head or Advisor Signature   Date