

## 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. Once complete the form needs to be mailed to:

**WPI Financial Aid Processing Center  
P.O. Box 850  
Randolph, MA 02368**

### 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 2012 \_\_\_\_\_ Spring 2013 \_\_\_\_\_

Summer 2012 \_\_\_\_\_

I have completed my course work and will be registered for thesis dissertation research for the following number of credits.

Fall 2012 \_\_\_\_\_ Spring 2013 \_\_\_\_\_

Summer 2012 \_\_\_\_\_

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

**III. 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.

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

	Full Time	At Least Half Time	Less Than Half Time
Summer 2012			
Fall 2012			
Spring 2013			

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

Assistantship \_\_\_\_ Fall 2012 \_\_\_\_ Spring 2013 \_\_\_\_

Fellowship \_\_\_\_ Fall 2012 \_\_\_\_ Spring 2013 \_\_\_\_

\$\$ Value of Fellowship \$ \_\_\_\_\_

Tuition Waiver \_\_\_\_ Fall 2012 \_\_\_\_ Spring 2013 \_\_\_\_

\_\_\_\_\_  
Department Head or Advisor Signature

\_\_\_\_\_  
Date

Please mail completed form to:

**WPI Financial Aid Processing Center  
P.O. Box 850  
Randolph, MA 02368**