

Name

If blank, PENN student should complete this section.

Student Financial Services University of Pennsylvania 005 Franklin Building 3451 Walnut Street Philadelphia, PA 19104-6270 https://srfs.upenn.edu/

Undergraduate College Verification Form

2024-2025

Date

Ad	Address	Penn ID Number					
	Phone Email	School (college, etc.)	Graduation Date				
col	We note from your financial aid application that another member of you college or graduate/professional school in 2024-2025. Before we can will need the following information.	ur family, plans t review your application and make an a	o attend an undergraduate <i>llowance for these costs, we</i>				
1.	1. Name of college to be attended:	city	state				
2.	2. Check one: full-time half-time less than half-time						
3.	Check one: 🛛 lives at home with parents 🖓 lives on or off campus						
4.	4. Check one: undergraduate graduate						
5.	5. Check one: D dependent D independent						
6.	6. Program/course of study						
7.							
8.	8. Date of expected degree: month y	ear					
9.	9. Did he/she attend this institution during the 2023-2024 academic	year? □yes □no					
10.	ESTIMATED 2024-2025 ACADEMIC YEAR COSTS Tuition and Fees \$	FINANCIAL ASSISTANCE AWARDED Scholarship or Fellowship Grants Loans Tuition Reimbursement from parent's/ spouses's employer	\$ \$ \$ \$ \$ \$ \$ \$ \$				
	Amount which parents plan to contribut	e to these costs: \$					
	Our signature on this form is verification that all information her Services any change in the actual enrollment and/or financial as		o Student Financial				

Student's Signature		Date			
Parent's Signature		Date			
FOR OFFICE USE ONLY AID YEAR 2024B	CVF	Received:	Processed		
UNDERGRAD	60				
TRACKING CODE: CVF%	TU	DATE	DATE	INITIALS	
		I			