



Student Financial Services
 University of Pennsylvania
 005 Franklin Building
 3451 Walnut Street
 Philadelphia, PA 19104-6270
 www.srfs.upenn.edu
 Fax: (215) 573-5428

Undergraduate College Verification Form

2019-2020

If blank, PENN student should complete this section.

Name _____ Date _____
 Address _____ Student Social Security Number _____

 Phone _____
 Email _____ School (college, etc.) _____ Graduation Date _____

We note from your financial aid application that another member of your family, _____ plans to attend an undergraduate college or graduate/professional school in 2019-2020. *Before we can review your application and make an allowance for these costs, we will need the following information.* Please return this completed form **immediately** in the enclosed envelope or fax it to the number in the upper left corner.

- Name of college to be attended: _____ city _____ state _____
- Check one: full-time half-time less than half-time
- Check one: lives at home with parents lives on or off campus
- Check one: undergraduate graduate
- Check one: dependent independent
- Program/course of study _____
- Year in program during 2019-2020: 1st 2nd 3rd 4th 5th or more
- Date of expected degree: month _____ year _____
- Did he/she attend this institution during the 2018-2019 academic year? yes no

10. **ESTIMATED 2019-2020 ACADEMIC YEAR COSTS**

Tuition and Fees	\$ _____
Room and Board	\$ _____
Books	\$ _____
Misc.	\$ _____

FINANCIAL ASSISTANCE AWARDED

Scholarship or Fellowship	\$ _____
Grants	\$ _____
Loans	\$ _____
Tuition Reimbursement	\$ _____
from parent's/ spouses's employer	\$ _____


Amount which parents plan to contribute to these costs: \$ _____

Our signature on this form is verification that all information herein is true, and that we will report to Student Financial Services any change in the actual enrollment and/or financial assistance awarded.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Note: Student Financial Services will also send you a Certification of Sibling Enrollment Form to submit to the school listed above.

FOR OFFICE USE ONLY AID YEAR 2019B UNDERGRAD	CVF	Received:	Processed		 CVF
	60	_____	_____	_____	
	TU	DATE	DATE	INITIALS	