

Sibling Enrollment Certification Form 2023-2024

Section A: Christopher Newport University Student Information

Last	First	MI	Student ID #
SSN			

Section B: Sibling Information

Last	First	MI
SSN		

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: