



Financial Aid Office

2020-2021 Spouse or Dependent Verification of Enrollment Form

Complete **Section A & B** of this form and submit it to the Institution your spouse or dependent is currently attending.

The **Bursar/Registrar** at your spouse or dependent's school must complete **Section C**.
(Section C does not need to be completed if your spouse or dependent is attending Mount Saint Mary's University)

SECTION A: Mount Saint Mary's University Los Angeles student information

Last Name First Name MSMU ID# Telephone Number

SECTION B: Spouse/Dependent Information

Name of Spouse or Dependent xxx-xx-_____
Last Four Digits of Social Security Number Name of College/University

SECTION C: ENROLLMENT VERIFICATION (Completed by Spouse or Dependent's Institution's Registrar/Bursar)

The student listed in **SECTION B** is/will be enrolled at your institution for the **2020-2021 Academic Year**.

This verifies that the student listed in SECTION B is enrolled in a degree or educationally recognized certificate program at the eligible institution* indicated below, on an at least half-time basis during the 2020-2021 academic year, for the following terms:

***Institution is eligible to participate in Title IV programs**

Fall 2020 _____ Winter 2021 _____ Spring 2021 _____ Summer 2021 _____

(Please indicate the number of units enrolled in per term)

STAMP VERIFYING SEAL HERE

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE

Name and Title of School Official (printed) _____

School Official Signature _____ Date _____

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