



Student Financial Aid Services (SFAS)

Verification of Number in College

Please use the area below to list all family members, excluding your parents, who will be attending college at least half time between July 1, 2010 and June 30, 2011. Return the completed form to *Student Financial Aid Services (SFAS), Student Mall, New Jersey Institute of Technology, University Heights, Newark, NJ, 07102-1982.*

Student's Name _____ **NJIT ID** _____

UCID E-mail _____

| Name | Age | Relationship |
|-------------|------------|---------------------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| 4) _____ | _____ | _____ |
| 5) _____ | _____ | _____ |
| 6) _____ | _____ | _____ |
| 7) _____ | _____ | _____ |
| 8) _____ | _____ | _____ |
| 9) _____ | _____ | _____ |
| 10) _____ | _____ | _____ |
| 11) _____ | _____ | _____ |

Student's Signature _____ **Date** _____