

University of Pittsburgh School of Medicine, Office of Admissions and Financial Aid  
S520 Scaife Hall, 3550 Terrace Street, Pittsburgh, PA 15261  
412-648-9891 | (Fax) 412-648-8768

### **2019-2020 Sibling/Spouse Enrollment Verification Form**

Your financial aid application indicates that you have one or more siblings and/or a spouse who is attending college. This information must be verified in order for our office to complete your financial aid. Please complete section 1 and section 2 of this form and forward it to your sibling's / spouse's college for completion of section 3.

Who is an eligible family member in college?

- A sibling or other dependent of your parents who will be enrolled at least half-time for the 2019-2020 school year in an undergraduate program seeking a degree or certificate
- A sibling or other dependent of your parents who is enrolled in a U.S. medical school at least half-time for the 2019-2020 school year
- Your spouse who will be enrolled at least half-time for the 2019-2020 school year in an undergraduate or graduate program seeking a degree or certificate

Who is not an eligible family member in college?

- Parent(s)
- A sibling enrolled less than half-time in an undergraduate program or is still in high school attending college courses
- A sibling in a graduate program outside of a school of medicine
- A sibling enrolled in an international college that is not eligible for Title IV federal aid
- Your spouse if enrolled less than half-time

If enrollment is not verified by September 18, 2019 what will happen?

- Reduction or cancellation of your financial aid award for 2019-2020
- Adjustments to your student account for credited funds that you are no longer eligible to receive
- Placement of a hold on your University account resulting in late fees, collection fees, registration hold, etc. if any unpaid balance remains after adjustments to your financial aid (please contact our office if this becomes an issue)

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***Section 1: University of Pittsburgh School of Medicine Student Information***

Name: \_\_\_\_\_ Year: \_\_\_\_\_ PeopleSoft # or last 4 digits of SS# \_\_\_\_\_

***Section 2: Sibling/Spouse Information***

Name: \_\_\_\_\_ Attending Institution: \_\_\_\_\_

I authorize the named above institutions financial aid office to release the following information to the University of Pittsburgh School of Medicine.

Sibling/Spouse Signature: \_\_\_\_\_

***Section 3: School Certification***

The student named in section 2 is enrolled (please circle):

Full Time      Half Time      Less than Half Time

Degree      Certificate      Non Degree

Undergraduate      Graduate

Student anticipated date of graduation: \_\_\_\_\_

I certify that the information in section 3 is accurate to the best of my knowledge.

Signature of officer completing this form: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form to:  
University of Pittsburgh School of Medicine  
S520 Scaife Hall  
3550 Terrace Street  
Pittsburgh, PA 15261  
Fax: 412-648-8768 Email: [financial\\_aid@medschool.pitt.edu](mailto:financial_aid@medschool.pitt.edu)