



**ENROLLMENT VERIFICATION FORM  
2006-07**

**SECTION A: TO BE COMPLETED BY SIBLING IN COLLEGE OR PARENT**

\_\_\_\_\_  
Name of sibling in college

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
College/university sibling is attending

\_\_\_\_\_  
Signature of sibling or parent

\_\_\_\_\_  
Name of Davidson College student

\_\_\_\_\_  
Davidson student's ID number

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**SECTION B: TO BE COMPLETED BY CERTIFYING OFFICIAL AT SIBLING'S COLLEGE/UNIVERSITY**

**Enrollment status of student listed above:**

- full-time
- half-time
- less than half-time

**Level of study:**

- undergraduate
- graduate/professional

**Program of study:**

- degree-granting program
- certificate program
- other: \_\_\_\_\_

**Dependency status:**

- dependent
- independent

**Cost of attendance for 2006-2007:** \_\_\_\_\_

**Date student is expected to complete academic program:** \_\_\_\_\_

\_\_\_\_\_  
Print name and title of certifying official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of certifying official

Affix college seal or stamp.

**Please return to:   Office of Admission and Financial Aid  
Davidson College  
Box 7157  
Davidson, NC 28035-7157  
telephone: 704-894-2232  
fax: 704-894-2845**