

MOUNT HOLYOKESM

MOUNT HOLYOKE COLLEGE

Sibling Enrollment Verification for 2023-2024

You indicated that one or more of your siblings will be enrolled as a full time undergraduate student in a college or university in 2023-2024. To verify this information, please complete Section A below. Your sibling should complete Section B. Section C should be completed by the post secondary institution that your sibling will attend. The institution should email the completed form to our office. (Please complete a separate form for each sibling.) If this form is not returned to our office we will assume that you have no siblings enrolled in an undergraduate institution and will adjust your financial aid accordingly.

Section A: Mount Holyoke College Student Information

Last Name [please print clearly] First Name MI MHC ID Number

Section B: Sibling Information (Completed by sibling of Mount Holyoke College student)

I authorize the institution in which I am enrolled to complete and release the information below to Mount Holyoke College.

Last Name [please print clearly] First Name MI Name of College/University

Sibling's Signature Date

Section C: Completed by Sibling's College/University

Please provide the information requested below for the student listed in Section B. 2 Year Program 4 Year Program

Anticipated Enrollment Status Fall semester: Full Time Half Time < Half Time Not Enrolled

Anticipated Enrollment Status Spring Semester: Full Time Half-Time <Half Time Not Enrolled

Degree Program: Undergraduate Graduate Anticipated Graduation date: _____

Name and Title [please print clearly] Date

Signature Telephone or E-Mail

Student Financial Services
50 College Street
South Hadley, MA 01075-1492

E-Mail: sfs@mtholyoke.edu
Phone: 413-538-2291