

**HIGHER EDUCATION BENEFIT VERIFICATION FORM**

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer Name \_\_\_\_\_

Dependent/Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED BY THE SCHOOL'S REGISTRAR'S OFFICE**

Please check here if enrollment is based on an expected or anticipated date.

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Verification is for which Quarter/Semester \_\_\_\_\_

Date Quarter/Semester starts \_\_\_\_\_ Date Quarter/Semester ends \_\_\_\_\_

Is/was student enrolled during the period indicated above on a  Full-time or  Part-time basis?

Please indicate the numbers of hours that must be maintained in order to be considered the following:

CLASSIFICATION	Full-Time	Half-Time	Part-Time
Undergraduate			
Graduate			

Please indicate if your school is on a  Quarter or  Semester system \_\_\_\_\_

Has a student remained a Full-time student during the entire period indicated above?  Yes  No

If No, please provide an explanation \_\_\_\_\_

Was student pre-registered for the period immediately following the dates indicated above?  Yes  No

If No, what date did the student terminate Full-time attendance? \_\_\_\_\_

Is the student expected to return?  Yes  No If Yes, when? \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name/Title of school official completing form \_\_\_\_\_ Date \_\_\_\_\_