



## SIBLING/SPOUSE ENROLLMENT VERIFICATION FORM 2025-2026

The application you submitted for Financial Aid indicated that you have one or more siblings and/or a spouse who is attending college. **The sibling(s) and/or spouse must be enrolled full time in a U.S. institution.** This information needs to be verified. Please complete Section One and Section Two of this form and forward it to your sibling's or spouse's college for completion of Section Three.

**This form is only to be completed after your sibling/spouse has matriculated in his/her chosen school for the 2025-2026 academic year.**

### SECTION ONE – JHU SCHOOL OF MEDICINE STUDENT INFORMATION

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SOM Student Name SOM Student Identification Number

### SECTION TWO – SIBLING/SPOUSE INFORMATION

**Note:** Sibling/spouse must be enrolled Full Time at a U.S. institution.

\_\_\_\_\_ OR \_\_\_\_\_

Sibling Name Spouse Name

\_\_\_\_\_ OR \_\_\_\_\_

School Name at which sibling is enrolled School Name at which spouse is enrolled

### SECTION THREE – SCHOOL CERTIFICATION

**TO BE COMPLETED BY AUTHORIZED REGISTRAR OFFICIALS ONLY**

Upload this form via your SIS self-service student portal.

Please verify that the student listed above in Section Two is currently enrolled at your Institution.

I hereby certify that the above student is enrolled (circle one):    FULL-TIME    PART-TIME    NOT ENROLLED

\_\_\_\_\_

Name of School City, State (US only)

\_\_\_\_\_

Authorized School Personnel (Print) Title Contact Number

\_\_\_\_\_

Authorized School Personnel (Signature) Date