#### 2015-2016 Number in College Worksheet

**Student’s Name:**

**Emory ID (EMPL):**

**Email Note:** Communications regarding this request will be sent via email to the student’s email address marked as preferred in OPUS.

**Last 4 Digits of Student SSN (if ID Number Unknown):**

**XXX - XX - ________**

**DEPENDENT STUDENT INSTRUCTIONS:** List below the people in your parent(s)’ household who are attending college. Include:

- **Yourself and**
- **Your parent(s)’ other children if your parent(s) will provide more than half of their support from July 1, 2015, through June 30, 2016, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015-2016. Include children who meet either of these standards even if the children do not live with the parents.**
- **Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.**
- **Do not include parents attending college**
- **Provide college information for those students attending at least half-time (6 semester hours) in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2015, and June 30, 2016.**

**INDEPENDENT STUDENT INSTRUCTIONS:** List below the people in your household who are attending college. Include:

- **Yourself and**
- **Your spouse (if you are married)**
- **Your children, if any, if you will provide more than half of their support from July 1, 2015, through June 30, 2016, or if the child would be required to provide your information when completing a FAFSA for 2015-2016. Include children who meet either of these standards, even if they do not live with you.**
- **Other people if they now live with your and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.**
- **Provide college information for those students attending at least half-time (6 semester hours) in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2015, and June 30, 2016.**

*If more space is needed, attached a separate page with the student’s name and EMPL ID (or the last four digits of the Social Security Number) at the top.*

**Certification Statement** (If dependent, the student and one parent must sign and date. If independent, the student must sign and date, and the spouse signature is optional.)

Each person signing below certifies that all of the information reported is complete and correct. **Warning:** If you purposely give false or misleading information, you may be fined, sent to prison, or both.

**Student Signature** ______________________________________________  **Date** _______________________

**Parent/Spouse Signature** __________________________________________  **Date** _______________________

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>College</th>
<th>Undergraduate/Graduate</th>
<th>Will be Enrolled at Least Half-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marty Jones (example)</td>
<td>18</td>
<td>Central University</td>
<td>Undergraduate</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Last updated 2/24/2015