

Office of Undergraduate Financial Aid 275 Mount Carmel Avenue | Hamden, CT 06518-1908 Phone: 203-582-8750 or 800-462-1944 | Fax: 203-582-4060 finaid@qu.edu | qu.edu | qu.edu/upload



2023–24 Other Household Member Enrollment Form

July 1, 2023-June 30, 2024

You indicated on your FAFSA that other member(s) of your household (excluding parents) will be pursuing a degree or certificate at a Title IV-eligible college or university, at least part time in the 2023–24 school year. The number of family members enrolled at an eligible college impacts eligibility for financial aid.

NOTE: If we have not received confirmation of enrollment status in a timely manner, we will assume the other household member is not enrolled, and your financial aid will be adjusted accordingly.

Section 1 To be completed by the Quinnipiac student and the other household member enrolled. For dependent students, the "other household member" usually refers to a sibling.						
Student name QU ID#						
☐ Other household member will NOT be enrolled.						
☐ Other household member WILL be enrolled. Please complete the following:						
Other household member name				_ Student ID		
I authorize to release information in SECTION 2 to Quinnipiac University. Name of other household member's school						
Signature of other household member				Date		
Please forward to household member's school (not QU) for completion of Section 2, OR attach a copy of household member's Fall 2023/Spring 2024 registration showing their name, school name, term and credits.						
Section 2 To be completed by the sibling or other household member's financial aid office (not QU) with 2023–24 academic year enrollment status.						
Enrollment:	☐ Full time	☐ 3/4 time	\square 1/2 time	☐ Less than	\square Not enrolled	
Program:	☐ Degree	\square Certificate	☐ Non-degree	1/2 time		
Anticipated graduation date						
Signature of finar	ncial aid officer			Date		
Print name and title of financial aid officer						
Phone number Federal school code						