

School of Law
Office of Financial Aid

Enrollment Certification Request

Student Name: _____ Date of Birth: _____

The above named student is a Fordham University School of Law Student and has been approved to study at your institution. In order to process financial aid for the student, Fordham Law School requires that the student's enrollment is confirmed.

School or Program Name: _____
Enrollment Start date: _____ Expected Enrollment End date: _____
Enrollment Status: Full time ____ Half-time ____ Less than Half-time ____
The student is not enrolled: ____

The above named institution agrees to notify Fordham Law School if the student changes his or her enrollment status, withdraws from the program before its conclusion, or is not attending classes regularly.

Print Certifying Official Name Title

Certifying Official Signature Date