JOHNS HOPKINS
MEDICINE
SCHOOL OF MEDICINE

SIBLING/SPOUSE ENROLLMENT VERIFICATION FORM 2026-2027

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 2026-2027 academic year.

SECTION ONE – JHU SCHOOL OF MEDICINE STUDENT INFORMATION

_____ _____

SOM Student Name | SOM Student Identification Number

SECTION TWO – SIBILING/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