



CARROLL
UNIVERSITY

2027/2028

Verify Enrollment Plans

Student Name: _____

Student ID: _____

The information you provided on your FAFSA and the documents you previously submitted for the academic year are conflicting.

Please explain what your plans are for the academic year and include if you will be enrolled at Carroll University along with what program you plan to pursue.

By signing this form, I certify that all the information reported on this form is complete and correct.

Student Signature: _____ **Date:** _____

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.