



Southern Illinois University Carbondale
 900 South Normal Avenue
 Financial Aid Office, Woody Hall, B-Wing
 Carbondale, IL 62901-4702
 www.siu.edu/~fao

**CERTIFICATION OF AN
 UNBORN CHILD
 2005-06**

Student's Name _____

Student Identification Number _____

Date _____

Dear Financial Aid Applicant:

Information from your 2005-06 financial aid application has been received at Southern Illinois University Carbondale. Before your financial aid eligibility can be determined, additional information is required.

You have included an unborn child in your household for the 2005-06 school year. We will need the certification below completed by your doctor in order to include this child in your household. In addition, please provide a copy of the child's birth certificate following delivery.

If you have questions, feel free to contact the Financial Aid Office.

TO BE COMPLETED BY PHYSICIAN

Patient Name _____
 (Last) (First) (M.I.)

Expected Delivery Date _____

Physician's Signature _____ Date _____

Physician's Address: _____

Physician's Phone: _____