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 2009-10

Student's Name _____

Student Identification Number _____

Date _____

Dear Financial Aid Applicant:

Information from your 2009-10 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 2009-10 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: _____