



**MISSISSIPPI STATE UNIVERSITY™**  
STUDENT FINANCIAL AID

Post Office Box 6035  
Mississippi State, MS 39762-6035  
Email: SFADocuments@msstate.edu

**2016-2017**  
**Co-op Earnings Verification**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
(9 digit) MSU ID

We received your 2016-2017 FAFSA. You and/or your spouse indicated that you and/or your spouse received Co-op earnings in 2015. Complete the information below and return to our department.

Indicate the term(s) you and/or your spouse worked a co-op job in 2015:

Co-op Term:	Employer Name:	Indicate if Co-op Wages are Students/Spouses:
____ Spring 2015	_____	_____
____ Summer 2015	_____	_____
____ Fall 2015	_____	_____

**\*You must submit a copy of your and/or your spouse's 2015 W-2 form(s)**

*We will be unable to continue processing your financial aid until we have received this completed form and your and/or your spouse's 2015 W-2 form(s).*

**Certification Statement**

By signing this form, I certify that all of the information on this form and any attachments are complete and accurate to the best of my knowledge. **Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_  
(If married)

Date \_\_\_\_\_