



**MISSISSIPPI STATE UNIVERSITY™**  
**STUDENT FINANCIAL AID**

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

**2017-2018**  
**Request for Consideration of Parent College Tuition Expenses**

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

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

This form is used to request special consideration for Federal Student Aid due to educational expenses of the student's parent. **The parent must be attending college at least half-time and enrolled in a degree or certificate program and paying the tuition and book expenses themselves.**

**Requirements (without these items your worksheet will be returned as incomplete)**

- Completed 2017-2018 Free Application for Federal Student Aid (FAFSA) and results sent to MSU
- Documentation from parent's employer verifying that the parent was not reimbursed for enrollment costs
- Signed certification statement at the end of this form

**\*\* Verification of your FAFSA information must be completed before your appeal can be processed. Check your eligibility requirements on your MSU MyState Portal to see which documents are required for verification. Also, please regularly check your MSU email to see if you need to submit additional documentation.**

Name of parent attending college \_\_\_\_\_

Name of college parent is attending \_\_\_\_\_

List number of hours enrolled: Fall 2017 \_\_\_\_\_ Spring 2018 \_\_\_\_\_ Summer 2018 \_\_\_\_\_

Name of Degree/Certificate Program: \_\_\_\_\_

Is this parent employed: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give the name of the employer: \_\_\_\_\_

***Please provide documentation from the parent's employer to show that the parent receives no reimbursement for the costs of enrolling in the program.***

Is the parent receiving financial assistance (e.g. scholarships, waivers, etc.) \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate amount(s) and name(s) of source(s): \_\_\_\_\_

I certify that all of the information on this form is true and complete to the best of my knowledge. The parent listed above has registered for classes and plans to be enrolled at least half-time in a degree or certificate program for the 2017-2018 academic year.

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

**Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL OFFICIAL FROM THE COLLEGE WHICH THE PARENT IS ATTENDING**

I certify that the student's parent listed above has registered for classes and plans to be enrolled at least half-time in a degree or certificate program for the 2017-2018 academic year.

Signature of School Official \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of School Official \_\_\_\_\_

Title \_\_\_\_\_

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_