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 ___________________________