Florida State University
Office of Financial Aid

Name _____
Empl ID _____
Student Phone _____

2018/2019 SPECIAL CIRCUMSTANCE
PARENTAL COLLEGE ENROLLMENT VERIFICATION (FASPPC)

Approved Special Circumstances do not guarantee any additional aid will be awarded.
Excluding peak periods, the estimated timeframe for a review is 6 to 8 weeks.

Please complete the following information about parent enrollment in college courses during the 2018-2019 academic year. **Parent must be enrolled for a minimum of 6 hours (July 1, 2018 – June 30, 2019) per semester or equivalent clock hours per term to validate this request.**

* If parent is attending Florida State University please indicate below and the Office of Financial Aid will verify enrollment.

* If parent is attending another Institution please provide either a college enrollment verification form/worksheet from the Registrar's Office, or class schedule and receipt of payment, and attach it to this application.

Section I. - To Be Completed by Parent

Parent Name _____
Last *First* *Middle Initial*

Name of Institution Attending _____

Section II. – To Be Completed by Registrar's Office of Parent's School

Please certify that the student (parent named above in section one) is enrolled by completing the below:

_____ is enrolled at _____
Student's Name *Institution's Name*

at least half-time (6 credit hours), as defined by the institution, in a program leading to a college degree, or certificate. The projected graduation date is _____.

_____ _____
School Officials Name *Date*

_____ _____
School Officials Signature *Contact #/Ext.*

I/we certify that the information listed above is correct to the best of my/our knowledge.

_____ _____
Student Signature *Date*

_____ _____
Parent Signature *Date*

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