SPECIAL CIRCUMSTANCE
PARENTAL COLLEGE ENROLLMENT VERIFICATION (FASPPC) 2015/2016

Please complete the following information about parent enrollment in college courses during the 2015-2016 academic year.

Parent must be enrolled for a minimum of 6 hours 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.

Parent Name __________________________

Last                  First                    Middle

Name of Institution attending __________________________

Number of Hours Enrolled __________________________

Required documentation to be attached to this form when submitted for consideration, failure to do so will result in cancellation/denial of application.

➢ Proof of course enrollment for academic year 2015-2016 from Registrar Office of college parent attending.
➢ Class schedule is not acceptable.

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

_________________________  ________________________  ________________  
Student Signature          Date

_________________________  ________________________  ________________  
Parent Signature           Date