2016-2017 SPECIAL CIRCUMSTANCE
PARENTAL COLLEGE ENROLLMENT VERIFICATION (FASPPC)

Please complete the following information about parent enrollment in college courses during the 2016-2017 academic year. Parent must be enrolled for a minimum of 6 hours (July 1, 2016 – June 30, 2017) per semester or equivalent clock hours per term to validate this request. Please attach billing statement from the college along with this form.

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

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.

If certification cannot be completed by School Official at Institutions Registrar’s Office and official enrollment verification on Institution letterhead will be needed.

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

_________________________                     _____________________

Student Signature       Date

_________________________                     _____________________

Parent Signature       Date