

Rec'd by: _____
Date: _____



FAO Action: _____
By: _____
Date: _____

Professional Judgment Review Committee
Office of Financial Aid
257 Martindale Center
P.O. Box 1848
University, MS 38677-1848

The University of Mississippi

Phone: 1-800-891-4596
Fax: (662) 915-1164
Email: finaid@olemiss.edu

Request to Include Parent in College 2018-19

To request consideration to include a **parent attending college** or to include the **parent's educational expenses** in the Expected Family Contribution (EFC), print this form and attach the appropriate documentation and return to the address above.

To be completed by student (please print):

STUDENT LAST NAME	STUDENT FIRST NAME	STUDENT MIDDLE NAME
OLE MISS STUDENT NUMBER	LOCAL TELEPHONE NUMBER	OLE MISS EMAIL ADDRESS @ go.olemiss.edu
PARENT CONTACT NAME	PARENT PHONE NUMBER	PARENT EMAIL ADDRESS

_____ Undergraduate/Pharmacy (EE 1-3/PY1)

Required Parent Documentation:

If your parent is attending college **less than half-time**:

- You **may not** include your parent as one in college on your FAFSA (**do not complete or submit application**).

If your parent is attending college **at least half-time**, please provide:

- Proof of at least half-time enrollment in degree/certificate program from your parent's school Registrar for the academic year 2018-19, AND
- Statement from your parent's employer indicating the employer is not paying for classes. (NOTE: your parent must confirm in writing if your parent is currently unemployed or self-employed, in which case no confirmation from an employer is required.)

Please complete the table below. List **ALL** the people in your parents' household and include their name(s), age(s), relationship(s) to you, the student, college enrollment (*including* parents), and the name(s) of degree or certificate program(s).

Full Name	Age	Relationship (please circle exact relationship)	College Enrollment (INCLUDING Parents)	Name of Degree or Certificate Program
		You – the Student	The University of Mississippi	
		Brother/Sister		
		Brother/Sister		
		Parent 1 (father/mother/stepparent)		
		Parent 2 (father/mother/stepparent)		

(Attach a separate sheet if more space is needed.)

By signing below, we certify that all information on this professional judgment request is true and complete to the best of our knowledge. We also agree to provide additional information or documentation if requested. We understand that by purposely giving false or misleading information on this form we may be subject to fines, prison time, or both.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Requests are processed as quickly as possible, but may take several weeks during peak periods (June through October).

FOR OFFICE USE ONLY			
FAFSA corrections submitted on Transaction # _____	EFC _____	Date: ____/____/____	Initials: _____
FAFSA corrections confirmed on Transaction # _____	EFC _____	Date: ____/____/____	Initials: _____