

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

**Request to Include Parent in College  
2020-21**

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                                  OLE MISS STUDENT NUMBER  
  
\_\_\_\_\_  
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 2020-21, 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 (first and last name)	Age for ALL listed	Relationship (list each person's relationship to the student)	College Enrollment (INCLUDING Parents)	Name of Degree or Certificate Program
			The University of Mississippi	

(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** \_\_\_\_\_

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