INDIANA UNIVERSITY SOUTHEAST
Parent in College Notification
Dependent Undergraduate Students Only

2009-2010 Academic Year/Summer

Office of Financial Aid
Indiana University Southeast
4201 Grant Line Road
University South 105
New Albany, IN 47150
(812)941-2246 Fax (812) 941-2546
Web site: http://www.ius.edu/financialaid
OneStart: http://onestart.iu.edu

Required for Appeal:

- Submit a FAFSA for the 2009/2010 academic year
- Complete a verification worksheet and submitted 2008 Federal tax return, schedules and W-2's
- Parent(s) attending college **must not** be receiving federal student financial aid
- Parent(s) working toward a degree **and** enrolled at least half-time
- Provide a copy of the parent's transcript and documentation of enrollment and degree status

General Information:

- Appeals must be submitted no later than 30 days before the last day of finals currently enrolled
- Incomplete or late submission of this form and documentation may result in denial of the appeal
- Results of your appeal and requests for additional information are sent to the student's **IU Southeast email account only**
- Appeals may be closed without a ruling if the requested changes would not affect the student's financial aid package

Student Name (print): _____ University ID: _____
Last First
Street Address: _____Last 4 digits of SSN_____

City/State/Zip:_____Student Phone: _____IU Southeast E-mail:_____

I give permission to the Office of Financial Aid to verify any information I provide on this form. I certify that all of the information provided on this form is correct to the best of my knowledge. I understand that if I purposely give false or misleading information on this form, I am liable for cancellation or repayment of all or part of my financial aid.

Student Signature: _____ Date: _____

Which parent(s) are enrolled? ❑ father ❑ mother

Parent name: _____ Social Security #: _____

University parent is attending: _____

University Address: _____ City/State/Zip: _____

Degree sought: _____

If both parents qualify please complete the following:

2nd parent name: _____ Social Security #: _____

University parent is attending: _____

University Address: _____ City/State/Zip: _____

Degree sought: _____

I agree to notify the IU Southeast Office of Financial Aid within 30 days if the above-named parent drops below half-time status during the semester.

Student Signature: _____