Parent in College Statement





me: Student's Name (Last, First, M.I.)	Student Identification Number (SID)	
ease complete this form if a parent listed on the Fending college which changed your ability to pay		ent Aid (FAFSA) is currently
For each parent attending college, please in	ndicate their name, college and	enrollment status:
Name of Parent Attending College (name listed on FAFSA)	Full Name of College* (Do not abbreviate)	Enrolled at least half- time? Y/N
*Only list college for those who will be enrolle **Half-time is typically 6 credits for undergrad		
This form will be marked incomplete with proof of enrollment. Any optional personal sta		
Certification: The information I submit in this	appeal is true and complete to	the best of my knowledge.
Student signature	Date	
Parent signature (required only if student is dependent) OR Signature of Student's Spouse		
Electronic and typed signatures are not accel	otable	

Please submit your form by mail or online at www.colorado.edu/financialaid/forms/secure-document-upload
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