University of Houston-Victoria Office of Financial Aid

3007 N Ben Wilson, Ste 133 University West, Victoria, TX 77901-5731 Phone: 361-570-4125 Fax: 361-580-5555 Email: finaid@uhv.edu

INCLUSION of PARENT ATTENDING COLLEGE DURING THE ACADEMIC YEAR

Student's Name:	UHV ID:
academic year. The Free App college or university in the init the following criteria: 1) be atte	s indicated that one of his or her parents will be attending a college or university during the 2024-2025 ication for Federal Student Aid (FAFSA) does not allow the student to count a parent as attending all processing of the FAFSA. In order to have this situation considered for review, the parent must mee ending at a college or university that is eligible to provide federal financial assistance to its student alf-time at the official census date for the college or university; and 3) be seeking a degree or
Section A (to be completed	by parent):
Name of Parent:	Parent Student ID:
Institution Parent is attending:	
Semesters Attended: Fall 2	024 Spring 2025 Summer 2025
Parent's Signature	Date
Section B (to be completed	by College or University the parent is attending):
	al census date? Please apleted <u>until</u> this date has passed.
Is the person listed in Section apply).	A currently enrolled at least half-time at your institution? (Please check the following semesters that
Term(s) enrolled:	Fall 2024 Spring 2025 Summer 2025
Is this person seeking a Degre	e/Certificate? Yes No
I certify that the above informa	tion is correct.
Signature of Registrar	Name of Institution
Title	Date

Please return this form to the fax number above or scan and email to UHV Office of Financial Aid.