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 Ap college or university in the in the following criteria: 1) be a	has indicated that one of his or her parents will be attending a college or university during the 2025-2026 pplication for Federal Student Aid (FAFSA) does not allow the student to count a parent as attending nitial processing of the FAFSA. In order to have this situation considered for review, the parent must meet attending at a college or university that is eligible to provide federal financial assistance to its student thalf-time at the official census date for the college or university; and 3) be seeking a degree or
Section A (to be complete	ed by parent):
Name of Parent:	Parent Student ID:
Institution Parent is attending	ng:
Semesters Attended: Fa	Il 2025 Spring 2026 Summer 2026
Parent's Signature	 Date
Section B (to be complete	ted by College or University the parent is attending):
	icial census date? Please completed <u>until</u> this date has passed.
Is the person listed in Section apply).	on A currently enrolled at least half-time at your institution? (Please check the following semesters that
Term(s) enrolled:	Fall 2025 Spring 2026 Summer 2026
Is this person seeking a Deg	gree/Certificate? Yes No
I certify that the above inform	nation is correct.
Signature of Registrar	Name of Institution
Title	

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