Request to Increase Number in College to Include Parent(s)
(2013-2014 Academic Year)

Student Name: _____ SS#: _____ ID#: _____

(Check only one)

❑ My parent(s) has/have registered for classes at Mountain Empire Community College for the Summer, Fall, or Spring Semester of the 2013-2014 academic year and **attended at least two weeks of classes**. He/she is/are enrolled in a regular curriculum leading toward a certificate or associate degree, and is/are registered for at least 6 credits. I request that Enrollment Services/Financial Aid: change my financial aid application to reflect my parent(s) enrollment; increase the number of family members in college by one/two; and re-calculate my financial aid eligibility. If either parent withdraws from a class or fails to successfully complete at least 6 credits during the semester, I will notify Financial Aid within ten working days. I understand if I fail to notify Financial Aid promptly of a change in my parent(s) enrollment status, or if my parent(s) fail to satisfactorily complete at least 6 credits in one semester, I will incur a financial aid over-award. I will be responsible for repaying any over-award that may result. **Do NOT submit this form to Financial Aid until the parent has attended at least two weeks of classes.**

Parent attending classes: _____ SS#: _____

Parent attending classes: _____ SS#: _____

❑ My parent(s) has/have registered for classes at a college or university for the Summer, Fall, or Spring Semester of the 2013-2014 academic year and **attended at least two weeks of classes**. He/she is/are enrolled in a regular curriculum leading toward a certificate or degree, and is/are registered for at least 6 credits. I request that Enrollment Services/Financial Aid: change my financial aid application to reflect my parent(s) enrollment; increase the number of family members in college by one/two; and re-calculate my financial aid eligibility. If either parent withdraws from a class or fails to successfully complete at least 6 credits during the semester, I will notify Financial Aid within ten working days. I understand if I fail to notify Financial Aid promptly of a change in my parent(s) enrollment status, or if my parent(s) fail to satisfactorily complete at least 6 credits in one semester, I will incur a financial aid over-award. I will be responsible for repaying any over-award that may result.

Parent attending classes: _____ SS#: _____

Parent attending classes: _____ SS#: _____

College/University Attending: _____ Parent's Program of Study: _____

Signature of College/University Registrar certifying parent is enrolled for at least 6 credits in a certificate or degree program, and classes have met for at least two weeks.

Registrar's Signature: _____ Date: _____

Signature of Parent and Student certifying that all information is correct and they understand the financial consequence if a parent fails to complete at least 6 credits during one semester of enrollment.

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Do not date or submit this form to Financial Aid until the parent has attended at least two weeks of classes during the 2013-2014 academic year.

Enrollment Services / Financial Aid
Mountain Empire Community College
3441 Mountain Empire Road
Big Stone Gap, Virginia 24219

Phone 276-523-7470   FAX #: 276-523-8297