

MINNESOTA STATE GRANT ADDITIONAL ELIGIBILITY REVIEW Post-Secondary Enrollment Options Program

Academic Year 2009–2010

Return this form

By mail to:
One Stop Student Services
University of Minnesota, Twin Cities
200 Fraser Hall, 106 Pleasant St. SE
Minneapolis, MN 55455-0422

On campus at:
200 Fraser Hall, East Bank
130 West Bank Skyway, West Bank
130 Coffey Hall, St. Paul

Questions?
Phone: 612-624-1111
TTY (hearing impaired): 612-626-0701
E-mail: helpingu@umn.edu

DIRECTIONS—You may be eligible for additional Minnesota State Grant funds if post-secondary credits you earned as a high school student in the Post-Secondary Enrollment Options Program (PSEOP) have not been identified in your University student records. To request a review, please submit the completed, signed form, with your academic transcript(s) attached, to the address above. **Be sure to highlight the quarters or semesters during which you were a high school student participating in PSEOP on your university, college, or vocational-technical school academic transcripts.** If your eligibility changes, you will receive an e-mail in your University-assigned account directing you to your online, revised Financial Aid Award Notice (eFAAN).

To complete online, open this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) .

SECTION A. Student information			
Name (Last, first, MI)	Birth date		
Current mailing address (street, city, state, ZIP Code)	Student ID number		
SECTION B. Educational background			
Please attach official transcripts, with any terms of PSEOP participation highlighted, for each school listed.			
List the high school you attended while you were a PSEOP student.			
Name of high school	City	State	Graduation date (month/year)
List the post-secondary school(s) you attended as a PSEOP student.			
Name of university/college/vocational-technical institution	State	PSEOP dates of attendance	
1.			
2.			
List any post-secondary school(s) you have attended in addition to your PSEOP participation.			
Name of university/college/other institution	City	State	Dates of attendance
1.			
2.			
3.			
SECTION C. Certification			
I understand that I may be asked to provide documents to prove any information recorded on this form. I certify that the above information is true and complete.			
Student signature			Date



To request copies of this form in an alternative format, please call the Disabilities Services liaison for financial aid at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator.