



MISSISSIPPI STATE UNIVERSITY

Division of Academic Outreach & Continuing Education

Effective Semester	
<input type="checkbox"/>	Spring _____
<input type="checkbox"/>	Summer _____
<input type="checkbox"/>	Fall _____

Financial Aid Form for College Independent Study - Campus 9

Student ID # _____ Name: _____
Last First M.I.

Email Address: _____ Phone Number: _____

Date of Birth: ____/____/____ Sex: F M

Major: _____

Main Campus Credit Hours: _____ Meridian Campus Credit Hours: _____

Distance Learning Credit Hours: _____ College IS Credit Hours: _____

Student Agreement ~

- I have checked with the Student Financial Aid & Scholarships Office at Mississippi State University to determine my eligibility for tuition assistance.
- I understand that I must complete the College Independent Study course(s) listed below during the term of enrollment indicated in the box at the top of this form **regardless of whether or not I am applying for and/or have been awarded tuition assistance** (i.e. FAFSA, Military Tuition Assistance, Scholarships, Grants, or other loans, to name a few).
- I understand that the College Independent Study course(s) listed below are **not eligible** for State of Mississippi Financial Aid Programs.
- I understand that if I become ineligible and/or am not awarded tuition assistance for the College Independent Study course(s) listed below **that I am completely responsible** for all fees associated with the course(s) **and still must complete** the course(s) during the term of enrollment indicated in the box at the top of this form. **Failure to do so will result in a grade of "F" for the College Independent Study course(s) listed below.**
- I understand that some tuition assistance programs **require a minimum number of credit hours of eligible enrollment**, typically six (6) credit hours. If, as a result of being ineligible and/or am not awarded tuition assistance for the College Independent Study course(s) listed below and my remaining eligible credit hour enrollment is less than the minimum, **I am completely responsible** for all fees associated with all other Mississippi State University courses.

	Course Symbol & Number (Example: FLS 2133)	Title (Example: Spanish III)	CRN (Office use Only)

Student's Signature

Date

SEND OR FAX TO: Operations Unit * P. O. Box 5247 * Mississippi State, MS 39762 * FAX 662-325-2657

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