

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

**Academic Year 2017–2018**

**RETURN FORM:**

**BY MAIL TO:**  
Office of Student Finance  
200 Fraser Hall  
106 Pleasant St. SE  
Minneapolis, MN 55455

**IN PERSON ON CAMPUS AT:**

**One Stop Student Services**  
333 Robert H. Bruininks Hall  
130 West Bank Skyway  
130 Coffey Hall

**Questions?**

Phone: 612-624-1111  
TTY (hearing impaired): 612-626-0701  
Email: onestop@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 email in your University-assigned account directing you to your online, revised Financial Aid Award Notice (eFAAN).

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

<b>SECTION A. Student information</b>			
Name (last, first, middle initial)		University ID	
<b>SECTION B. Educational background</b>			
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.			
<b>SECTION C. Certification</b>			
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 a Disability Resource Center liaison at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.



Please recycle.