

**MINNESOTA STATE GRANT
ADDITIONAL ELIGIBILITY REVIEW
Postsecondary Enrollment Options**

Academic Year 2024-2025

RETURN FORM:

BY MAIL TO:
Office of Student Finance
160 Williamson Hall
231 Pillsbury Dr. SE
Minneapolis, MN 55455-0252

IN PERSON ON CAMPUS AT:

One Stop Student Services
333 Robert H. Bruininks 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 postsecondary credits you earned as a high school student in the Postsecondary Enrollment Options (PSEO) 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 PSEO 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 Notice (FAN).

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

SECTION A. Student information				
Legal name (required, last, first, middle initial)	Preferred name (optional)	University ID		
SECTION B. Educational background				
Please attach official transcripts, with any terms of PSEO participation highlighted, for each school listed.				
List the high school you attended while you were a PSEO student.				
Name of high school	City	State	Graduation date (month/year)	
List the postsecondary school(s) you attended as a PSEO student.				
Name of university/college/vocational-technical institution		State	PSEO dates of attendance	
1.				
2.				
List any postsecondary school(s) you have attended in addition to your PSEO 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, call the Disability Resource Center at 612-626-1333. 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.