This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form online, by mail, or in person.**

ONLINE TO:

z.umn.edu/FA-upload

IN PERSON ON CAMPUS TO:
One Stop Student Services
23 Solon Campus Center

BY MAIL TO:

UMD Office of Financial Aid & Scholarships 1049 University Drive Duluth MN 55812-3011

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxxx@d.umn.edu)**.

To learn more about what might be personally identifiable information, visit <u>studentprivacy.ed.gov</u>.

No need to print this cover page.

CORRECTION TO FAMILY SIZE/NUMBER IN COLLEGE WORKSHEET DEPENDENT STUDENT

List the people whom your parents will support between July 1, 2023 and June 30, 2024. Include:

- Yourself
- · Your parent(s) and/or stepparent(s) and
- Your parent's/s' or stepparent's/s' dependent children if (a) your parents will provide more than half of their support from July 1, 2023 through June 30, 2024, or (b) those children would be required to give parental information when applying for federal aid.
- **Include other people** only if they now live with your parents, your parents provide more than half of their support, and your parents will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

Count yourself as a college student even if you will attend college less than half time in 2023–2024. Include others only if they will attend at least half time in 2023–2024 in a program that leads to a college degree or certificate. **Do not include your parents as college students.**

Complete 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) in blue or black ink.

723-2024 Academic Tear

LVDCFS

RETURN FORM:

ONLINE TO: z.umn.edu/FA-upload

BY MAIL TO:

UMD Office of Financial Aid and Scholarships 1049 University Drive Duluth MN 55812

IN PERSON ON CAMPUS TO: One Stop Student Services

23 Solon Campus Center

OUESTIONS?

Phone: 218-726-8000

TTY (hearing impaired): 800-627-3529

Email: umdhelp@d.umn.edu

| Student information | | | | |
|--|---|---|--|------------------------|
| Last name-type or print neatly in ink | First | | | Middle |
| | | | | |
| Student ID number | U of M e-mail | | | @d.umn.edu |
| Why did you make a correction to family size a | and/or nu | mher in college on vo | ur Student Aid R | enort (SAR)? |
| Error on the original 2023–2024 Fre | • | | | |
| | | | | |
| ☐ Change in family size or number in c | _ | | e original <i>FAFSA</i> a | application was signed |
| Error made on the original Depender | nt Verificat | ion worksheet | | |
| Explanation: | | | | |
| | | | | |
| | If this person will be admitted into a degree or certificate program at | | | |
| Full name of family member. If there are more than seven family members, please attach an additional list with their needed information. | Age | Relationship to student (parent, sister, brother, etc.) | a post-secondary institution (college), and enrolled at least half-time in 2023–2024, the information below is required | |
| | | | Name of college | • |
| 1. Student (above) | XXXXXX | Self | University of Minnesota Duluth | |
| 2. | | Parent 1 | Parents/stepparents cannot be included as college students. | |
| 3. | | Parent 2 | | |
| 4. | | raieiit 2 | | |
| | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| Certification | | | | |
| I certify that all information provided is true an | d correct | to the best of my kno | wledge. | |
| | Student signature | | | |
| Student signature | | | | Date |
| Student signature Mother/stepmother signature | | | | Date |



To request copies of this form in an alternative format: 218-726-8000. UMD is an equal opportunity employer and educator.