

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 by mail or in person.**

BY MAIL TO:

Office of Financial Aid and Scholarships
University of Minnesota Duluth
1049 University Drive
Duluth MN 55812-3011

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

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

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

No need to print this cover page.

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

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 shown on the right. **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).

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QUESTIONS?

Phone: 218-726-8000
 TTY (hearing impaired): 800-627-3529
 Email: umdhelp@d.umn.edu

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.

SECTION A. Student information			
Name (last, first, middle initial)			University ID
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: 218-726-8000. UMD is an equal opportunity employer and educator.



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