



College Independent Study FINANCIAL AID FORM

Term of Enrollment
☐ Fall ☐ Spring
Year 20____

Student Information ~

Name: _____ MSU ID: _____

Email: _____ Phone: _____

Major: _____

Main Campus Credit Hours: _____

Meridian Campus Credit Hours: _____

Distance Campus Credit Hours: _____

College IS Credit Hours: _____

Student Agreement ~

1. I have checked with the Student Financial Aid & Scholarships Office at Mississippi State University to determine my eligibility for tuition assistance.
2. 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).
3. I understand that the College Independent Study course(s) listed below are **not eligible** for State of Mississippi Financial Aid Programs.
4. 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.**
5. 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)	Course Name (Example: Spanish III)	For AOCE Use CRN

Signature of Student _____

Date _____