



**2019-2020  
Dependent Household Size and  
Number in College Revision**

**PHZR20**

*Please Use Black or Blue Ink*

<b>OSU Campus-Wide ID (CWID)</b> (8-digits, no spaces)							

**Student Name:** \_\_\_\_\_

We are requesting the following information because of changes you made to the household size and/or number in college on your 2019-2020 Free Application for Federal Student Aid (FAFSA). The parent(s) who completed the FAFSA for this student should list the people that the parent(s) will support between July 1, 2019 and June 30, 2020. Include:

- **The STUDENT**, even if the student doesn't live with his/her parent(s);
- **The PARENT(S) whose information is on the FAFSA**; *including stepparent*, if applicable;
- **Parent(s)' other children** if (a) the parents will provide more than half of their support from July 1, 2019 through June 30, 2020 or (b) the children would be required to give parent information when applying for federal student aid in 2019-2020.  
**NOTE: Do not include children for whom the parent pays child support.**
- Include other people if they now live with the parents, and the parents provide more than half of their support and will continue to do so from July 1, 2019 through June 30, 2020.

Write the names of all family members (including parents) who meet the criteria above, *whether or not they are in college*. Also write in the name of the college for any family member (excluding parent(s)) who will be attending college at least half-time between July 1, 2019 and June 30, 2020, and will be enrolled in a degree or certificate program. If you need more space, attach a separate sheet of paper.

**No determination of aid eligibility can be made until all requested documents are received and reviewed.**

Full Name	Age	Relationship to Student	If in college during 2019-2020, list name of college attended.
		Self	Oklahoma State University

1. What changed to cause you to revise the information on the FAFSA? \_\_\_\_\_  
\_\_\_\_\_

2. When did this change occur? \_\_\_\_\_

**CERTIFICATION/SIGNATURES:**

I certify that all the information reported to qualify for federal student aid is complete and correct. **If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Parent's Signature Date

\_\_\_\_\_  
Printed Name of Parent Who Signed Above Street Address City State Zip

**Return to:**  
Office of Scholarships and Financial Aid  
119 Student Union, Stillwater, OK 74078-5061  
**Fax: (405) 744-6438** (if you fax, please do not mail the form)

**Questions?**  
Email: [finaid@okstate.edu](mailto:finaid@okstate.edu)  
Phone: (405) 744-6604  
Web: [financialaid.okstate.edu](https://financialaid.okstate.edu)