SOS APA Form 001

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
MS Postsecondary Education Financial Assistance Board	Jennifer Rogers	601-432-6791	
ADDRESS	CITY	STATE	ZIP
3825 Ridgewood Road	Jackson	MS	39211
EMAIL / SUBMIT DATE	Name or number of rule(s): Title 10: Education Institutions and Agencies, Part 611: MS Resident Tuition Assistance Grant Rules and Regulations		
jrogers@mississippi.edu / October 5, 2016			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: To update SAT score references to add the "New SAT" concordance scores in Sections I.C.1-4. and II.A.3.a)-d).

Specific legal authority authorizing the promulgation of rule: *Miss. Code Ann.* § 37-106-29

List all rules repealed, amended, or suspended by the proposed rule: Title 10: Education Institutions and Agencies, Part 611: MS Resident Tuition Assistance Grant Rules and Regulations, Chapter 1, Rule 1.1

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: ____ Time: ____ Place: ____

X Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

X Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
____ Original filing	**Action proposed:**	**Date Proposed Rule Filed:** ____
____ Renewal of effectiveness	____ New rule(s)	**Action taken:**
To be in effect in ____ days	X Amendment to existing rule(s)	____ Adopted with no changes in text
Effective date:	____ Repeal of existing rule(s)	____ Adopted with changes
____ Immediately upon filing	____ Adoption by reference	____ Adopted by reference
____ Other (specify): ____	**Proposed final effective date:**	____ Withdrawn
	X 30 days after filing	____ Repeal adopted as proposed
	____ Other (specify): ____	**Effective date:**
		____ 30 days after filing
		____ Other (specify): ____

Printed name and Title of person authorized to file rules: Jennifer Rogers

Signature of person authorized to file rules: Jennifer Rogers

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED OCT 05 2016 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by 22309 AF	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.