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Please print all information in black or blue ink.

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Last Name

First Name

MI

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Student ID Number**Concurrent Enrollment Agreement**

Please make sure the following steps have been completed:

1. Complete Section I. sign and date.
2. Attach enrollment confirmation from your concurrent institution.
3. Obtain host institution official's signature.
4. Submit in person or by fax to the Registrar's Office located in the Bell Building on the 2<sup>nd</sup> Floor.

The Registrar's Office will forward the form to the Office of Student Financial Assistance for processing.

**Section I-To Be Completed By Student**

Circle Enrollment Period:

☐ Fall Semester☐ Spring Semester☐ Summer I Semester☐ Summer II Semester

Name of Concurrent Institution	Concurrent Units (For this Enrollment Term)	TSU Units (For this Enrollment Term)	TOTAL Units (TSU + Concurrent)

List Course(s) at Above Institution for Enrollment Term	Course Start Date	Course End Date

My signature certifies that ALL of the following are true:

1. If concurrent enrollment is at a community college, I have not already transferred the maximum 66 units.
2. The course(s) I am registered for will be accepted toward my TSU degree.
3. I will have my concurrent institution transfer my units to TSU once I have completed my course(s).
4. I understand that to remain eligible for financial aid, I must make satisfactory academic enrollment.
5. I will keep the TSU office of Student Financial Assistance informed of any changes in my enrollment.
6. **I HAVE ATTACHED enrollment confirmation from my concurrent institution which lists the specific course(s) indicated above.**
7. I understand that my Summer I, Summer II, Fall, and/or Spring Concurrent Enrollment Agreement will **NOT** be processed and my aid will **NOT** be adjusted until the corresponding date for that semester.

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Student Signature

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Date

## Section II- To Be Completed by the Concurrent Institution's Financial Aid Office Staff

The registration fee paid by the student for the course(s) at your institution is \$\_\_\_\_\_.

The Room and Board cost calculated for the student is \$\_\_\_\_\_.

My signature below confirms that the Concurrent Institution will notify the TSU Office of Student Financial Assistance of financial assistance given to the above named student for the designated enrollment term.

\_\_\_\_\_  
**Host Institution Official Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Concurrent Institution**

## Section III- To Be Completed by TSU Registrar's Office

- |  |                          |
|--|--------------------------|
| 1. Enrollment Confirmation Attached              | <input type="checkbox"/> |
| 2. Transfer Units (66 Community College Maximum) | <input type="checkbox"/> |
| 3. Transferability of Units                      | <input type="checkbox"/> |

\_\_\_\_\_  
**TSU Registrar's Office Signature**

\_\_\_\_\_  
**Date**

## Section IV- To Be Completed by TSU Office of Student Financial Assistance

This student's TSU financial aid record has been updated based on the above information.

- |                                   |                          |
|-----------------------------------|--------------------------|
| 1. Satisfactory Academic Progress | <input type="checkbox"/> |
|-----------------------------------|--------------------------|

\_\_\_\_\_  
**TSU Office of Student Financial Assistance Director Signature**

\_\_\_\_\_  
**Date**

Please note:

- Any additional aid for which student deems eligible will be credited to the students account within 48 hours.
- Any excess funds will be forwarded to the student within 14 working days.