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SAN DIEGO STATE
UNIVERSITY

Office of Financial Aid and Scholarships
5500 Campanile Drive
San Diego, CA 92182-7436
Telephone: 619-594-6323
Web: sdsu.edu/financialaid

FILL IN STUDENT INFORMATION

Last Name _____
First Name _____
SDSU Red I.D. Number _____

Special Enrollment Agreement

Section 1 - To be Completed by Student

Indicate Enrollment Period and Year Fall Term _____ Spring Term _____ Summer Term _____
_____ year _____ year _____ year

Name of Special Degree Program	Total Units Required Special Program	Special Program Completion Date

Report below all projected financial assistance (fees paid for you, scholarships, grants, loans) you expect to receive for the enrollment period indicated (from employers, agencies, etc., other than the Office of Financial Aid and Scholarships).

Financial Assistance (Person or Program Name Providing Assistance)	Amount Expected for Enrollment Period		
List Course Name and Number for Above Enrollment Period	Units	Course Start Date	Course End Date

My signature certifies that all of the above and the following information are true:

- I am enrolled in courses approved by SDSU which are listed on the attached Academic Approval form.
- The course(s) I am registered in will be accepted toward my SDSU degree.
- I understand that to remain eligible for financial aid, I must make satisfactory academic progress.
- I will keep the Office of Financial Aid and Scholarships informed of any changes in my enrollment.
- **I have attached verification of enrollment for the course work listed above.**

Student Signature _____ **Date**

Student Loan Borrowers: For student loans to remain in a "deferment" status, you must maintain at least half-time enrollment. The SDSU Office of the Registrar reports your enrollment information to various loan servicers throughout the year. The Office of the Registrar reports ONLY your enrollment for your units at SDSU.

Section 2 - To be Completed by Special Degree Program Staff at the Host University

The total registration fee paid by the student for the course(s) indicated above is \$ _____

The room and board cost calculated for the student is \$ _____

My signature confirms that the Special Degree Program staff will notify the Office of Financial Aid and Scholarships if the student named in Section 1 withdraws or receives financial assistance for the designated enrollment period.

Program Official's Signature/Stamp _____ **Date** _____ **Name of Special Degree Program**

Print Program Official's Name _____ **Program Official's Telephone Number**

Section 3 - To be Completed by the Office of Financial Aid and Scholarships Staff

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

Office of Financial Aid and Scholarships Staff Signature _____ **Date** 1415