

TO EXPEDITE DELIVERY -
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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	_____
Telephone Number	_____
SDSU Red I.D. Number	_____

Use the "Load Documents" option
 on the home page.

Load Documents

[Please upload your Financial Aid and Scholarship documents](#)

2020-21 Concurrent Enrollment Agreement

To apply for concurrent enrollment, you must meet the following criteria:

1. **Attach enrollment confirmation** from the concurrent institution for the specific course(s) indicated in Section 1 below. After course(s) is completed, you must submit an unofficial transcript with the grade(s) received.
2. Be enrolled in a minimum of 6 SDSU main campus units for the term this Concurrent Enrollment Agreement is being submitted.
3. Have not already transferred the maximum 70 units if concurrent enrollment is at a community college.
4. Have not already transferred the maximum 24 units if concurrent enrollment is through SDSU World Campus (formerly the SDSU College of Extended Studies).
5. Be enrolled for courses that will be accepted toward your SDSU degree.
6. Be making satisfactory academic progress to remain eligible for financial aid.

Section 1 - To Be Completed by Student

Indicate the Enrollment Period ▶ Summer Session 2020 Fall Semester 2020 Spring Semester 2021

Name of Concurrent Institution	Concurrent Units for this Enrollment Period	SDSU Units for this Enrollment Period	TOTAL Units (Concurrent + SDSU)
List Course(s) at the Above Institution for the Enrollment Period		Course Start Date	Course End Date

My signature certifies that ALL of the following are true:

1. I will have my concurrent institution transfer my units to SDSU once I have completed my course(s).
2. I understand that future Concurrent Enrollment Agreements will not be processed until units from any prior Concurrent Enrollment Agreements have been posted to my SDSU academic record.
3. I understand that for any course I've repeated, I cannot request another Concurrent Enrollment Agreement.
4. I will keep the SDSU Office of Financial Aid and Scholarships informed of any changes in my enrollment.
5. I understand that even by combining my SDSU units with my units at another institution, my aid eligibility may differ from the original award because of specific requirements for certain aid programs (e.g., State University Grant amount is based on fees paid for SDSU main campus units).
6. I understand that my summer 2020, fall 2020, and/or spring 2021 Concurrent Enrollment Agreement will **not be processed** and my **aid will not be adjusted** until the corresponding census date for that semester.
7. I understand that **this document must be submitted** by the **deadline dates** indicated.

Census Dates

Summer 2020 Census▶ July 17, 2020
 Fall 2020 Census▶ September 21, 2020
 Spring 2021 Census▶ February 16, 2021

Document Submission Deadlines

Attending Summer 2020▶ July 24, 2020
 Attending Fall 2020▶ December 2, 2020
 Attending Spring 2021▶ April 23, 2021

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

Continued on page 2 ▶

Section 2 - To Be Completed by the Concurrent Institution Financial Aid Office Staff

Is the student receiving financial aid at your institution? Yes No
 (Do not count the California College Promise Grant.)

If yes, list the semester and type of aid the student is receiving.

Semester _____ Type of aid _____

Indicate the registration fee paid by the student for the course(s) at your institution: \$ _____

Indicate the food and housing cost calculated for the student: \$ _____

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

Print Host Institution Official's Name	Host Institution Official's Telephone Number
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Host Institution Official's Signature / Stamp	Date	Name of Host Institution
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Section 3 - To Be Completed by the SDSU Office of Financial Aid and Scholarships Staff

This student's SDSU financial aid record has been updated based on the information in Sections 1 and 2.

SDSU Office of Financial Aid and Scholarships Staff Signature	Date
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For SDSU Office of Financial Aid and Scholarships Use ONLY

1. Satisfactory Academic Progress

Comments: _____

2. Enrollment Confirmation Attached

Comments: _____

3. Transfer Units (70 Community College Max)

Comments: _____

4. Transferability of Units

Comments: _____