



Student Last Name: _____

Student First Name: _____

Student Red ID or EMPLID: _____

Spring 2024 Concurrent Enrollment Agreement

To apply for concurrent enrollment, you must:

1. **Attach your enrollment confirmation** from your other school for the course(s) listed below. If your course(s) is/are completed, you must submit an unofficial transcript with the grade(s) received.
2. **Have not already transferred the maximum 70 units** if concurrent enrollment is at a community college.
3. Have not already transferred the maximum 24 units if concurrent enrollment is through SDSU Global Campus.
4. Be enrolled for courses that will be accepted toward your SDSU degree.
5. Be making satisfactory academic progress to remain eligible for financial aid.
6. Have Section 2 completed by the other school's Financial Aid Office.

Section 1 - To Be Completed by Student

Name of Other College	Other College Units for this Enrollment Period	SDSU Units for this Enrollment Period	TOTAL Units (Other College + 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 other college 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 Fall 2023, Spring 2024, and/or Summer 2024 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

Fall 2023 - September 18, 2023
Spring 2024 - February 16, 2024
Summer 2024 - July 19, 2024

Document Submission Deadlines

Attending Fall 2023 - December 2, 2023
Attending Spring 2024 - April 21, 2024
Attending Summer 2024 - July 24, 2024

Student Signature _____

Date _____

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.

Section 2 - To Be Completed by the Other College's 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
Host Institution Official's Signature / Stamp	Date	Name of Host Institution