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Scholarship documents](#)



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](http://sdsu.edu/financialaid)

FILL IN STUDENT INFORMATION

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
SDSU Red I.D. Number \_\_\_\_\_

San Diego State University  
2020-21 Visitor Program Financial Aid Special Program Agreement

Name of Visitor Program Campus \_\_\_\_\_

Select a Term:

- Fall 2020  
 Spring 2021

Section 1 - Must be completed by Student

- While enrolled as a visitor student I will (check one)
- reside at home with my parents  
 reside in off-campus housing away from my parents  
 live in the host campus residence hall

Enter the number of units in which you will be enrolled \_\_\_\_\_

My signature certifies that all the following are true:

- The courses I will enroll in are applicable toward my degree objective at San Diego State University and will be accepted toward my degree.
- By July 1, 2021, I will ensure that my Visitor Program completed units are transferred and properly posted to my academic records by the SDSU Office of the Registrar.
- I understand that I am not eligible for a tuition and fee payment postponement from SDSU, and I am responsible for paying my tuition and fees to my host campus.
- I understand that before financial aid can be disbursed for the award period, I must be registered for classes and have paid the course tuition and fees to my host campus.
- I will keep the Office of Financial Aid and Scholarships informed of any enrollment changes while participating in this special program. If my enrollment changes, I understand that it may affect my financial aid eligibility.
- I understand that to remain eligible for financial aid, I must maintain satisfactory academic progress.
- I understand that I must report to the Office of Financial Aid and Scholarships any scholarships or resources I am awarded by any agency.
- I understand that my cost of attendance will be based on the expected cost of attendance at my host campus.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Section 2 - To Be Completed by 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 & Scholarships Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

Please sign and submit to the Office of Financial Aid & Scholarships. Keep a copy for your records.