



REQUEST FOR AID TRANSFER

I, _____, _____, _____ / _____ / _____
Last Name First M.I. Social Security Number

have been approved by the Associate Dean of Academic Affairs to enroll register at another institution during the academic period indicated below. Please determine my eligibility for financial assistance based upon the Cost of Attendance and my financial need for the host institution. I understand that these funds will be credited to my account at JMLS. If there is no outstanding balance due to JMLS, the Financial Aid monies received will be forwarded to the host institution.

My living plans at host institution: _____ On Campus _____ Off Campus

Name and address of the host institution: _____

Academic semester requested for aid transfer: _____ FALL _____ SPRING _____ SUMMER

Period of Enrollment: _____ to _____
First day of class *Last day of final exams*

By my signature below, I certify that I understand the following rules and disbursement guidelines:

1. I must arrange with the Registrar to be registered in the appropriate consortium courses at JMLS in order for my aid to credit to my JMLS account.
2. Funds will not be requested until 10 days prior to the start of the program of study. Please note, not under any circumstances will funds be disbursed early or advanced. Any payment deadlines established by the host institution are solely my responsibility.
3. I understand that my Title IV funds (financial aid) will be sent to the host institution at the address above upon receipt of an official invoice from the host institution. JMLS will issue any excess funds according to the student loan refund request directives submitted to JMLS and all refund payment processing procedures.
4. I understand that if I drop during the add/drop period or if I completely withdraw from the host institution (officially or unofficially), my aid eligibility will be reduced and/or totally canceled.

Student Signature

_____/_____/_____
Date