



2012-2013 REQUEST FOR AID TRANSFER

I, _____
Last Name **First Name** **M.I.** **AJMLS/SLS ID Number**

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have been approved by the Associate Dean of Academic Affairs to register at another institution during the academic period indicated below. Please determine my eligibility for financial assistance based upon the Cost of Attendance established by the host institution. I understand that these funds will be credited to my AJMLS/SLS student account.

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

Name and address of the host institution: _____

Academic semester requested for aid transfer: _____ **FALL 20** _____ **SPRING 20** _____ **SUMMER 20** _____

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 AJMLS/SLS in order for my aid to credit to my AJMLS/SLS student account.**
- 2. Funds will not be requested until 10 days prior to the start of the program of study. Please note, under no 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. AJMLS/SLS will issue any excess funds according to the student loan refund request directives submitted to AJMLS/SLS.**
- 4. I understand that if I withdraw from courses during the add/drop period, or if I completely withdraw from the host institution (officially or unofficially), my financial aid eligibility will be reduced and/or totally canceled.**

Student Signature

____/____/____
Date