

Student Name: _____

ID#: _____

One University Circle, Turlock, CA 95382
Telephone (209) 667-3336 Fax (209) 664-7064

www.csustan.edu/financialaid

Stanislaus State Concurrent Enrollment Agreement

I, _____, am requesting to be funded for the units that I am taking at Stanislaus State and _____ for the _____ term. I agree to the following:

- I am currently an undergraduate student at Stanislaus State seeking my first Bachelor's Degree.
- I will enroll in courses that are transferable to Stanislaus State.
- I have not earned 70 transferable units from a community college.
- I have completed a concurrent enrollment request with Enrollment Services at Stanislaus State, and have had the courses approved as applicable toward my degree requirements.
- I will submit my academic transcripts from the school I am concurrently enrolled at to the Stanislaus State Enrollment Services Office once I have completed the units. I understand my financial aid for the following semester will not be released until I submit my transcripts.
- I will meet the Stanislaus State Satisfactory Academic Progress Policy.
- I will comply with the Stanislaus State refund policy, if necessary.
- I understand that any changes in my enrollment at either Stanislaus State or at the school I am concurrently enrolled at may affect my financial aid and I may be required to return a portion of the funds that I have received.
- I understand that I will need to contact the Stanislaus State Financial Aid and Scholarship office if I plan on changing my enrollment.
- I understand that I must be enrolled in at least 6 units at Stanislaus State and must be enroll in all classes by the Stanislaus State census date
- I understand that I will need to submit all forms requested to the Financial Aid and Scholarship office and that the school that I am concurrently enrolled at will need to sign a Consortium agreement.

Student Signature

Date