

TO BE COMPLETED BY STUDENT & ACADEMIC ADVISOR

Course(s) to be taken at Host School	Credits	Term*		Credit Type*		
		Qtr	Sem	Major	Gen Ed	Elective

*Circle appropriate responses

Is this student in good academic standing with the home institution? Circle One
Y N
 Upon successful completion, will the above credits be accepted toward the student's degree program? Y N

Academic Advisor Signature (Home Institution) _____ Name (Print) _____ Title _____

College/Program _____ (_____) _____
 Phone _____ E-mail _____

*Transfer credit policies of the home institution apply.
 Final transfer credit determination (and continuation of financial aid) requires submission of official transcript.*

TO BE COMPLETED BY THE HOST INSTITUTION

Term of enrollment: _____ quarter/semester of the _____ academic year.

Tuition & Fees: \$ _____ Program Start Date (MM/DD/YYYY) _____
 Room & Board: \$ _____ Program End Date (MM/DD/YYYY) _____
 Other Expenses: \$ _____ Total Hours Enrolled _____
 TOTAL: \$ _____ Status (circle one): FT 3/4 1/2 Less

School Name and Address _____

Representative Signature _____ Name (print) _____ Title _____
 E-mail _____ (_____) _____ (_____) _____
 Phone _____ Fax _____ Date _____

TO BE COMPLETED BY THE UNIVERSITY OF CINCINNATI

Term of enrollment: _____ quarter/semester of the _____ academic year.

Student's academic status (circle one): FR SO JR SR GR

School Name and Address _____

Financial Aid Representative Signature _____ Name (print) _____ Title _____
 E-mail _____ (_____) _____ (_____) _____
 Phone _____ Fax _____ Date _____

*This agreement must be complete and on file before any funds are released.
 Because the host institution is not eligible to award/receive Title IV funds, all eligible funds will be paid to the student.
 It is the student's responsibility to meet payment obligations with the host institution.*