

STUDENT COMPLETES (then submit to Office of Student Financial Services)

NAME

Purchase ID

HOST INSTITUTION _____
(School you will study at)

DATES OF ENROLLMENT _____ ACADEMIC YEAR _____

FULL-TIME HALF-TIME LESS THAN HALF-TIME _____ ANTICIPATED # OF CREDITS

HOST SCHOOL COST OF ATTENDANCE

TUITION	\$ _____
FEES	\$ _____
ROOM & BOARD	\$ _____
BOOKS & SUPPLIES	\$ _____
PERSONAL EXPENSES	\$ _____
TRANSPORTATION	\$ _____
TOTAL COST OF ATTENDANCE	\$ _____

HOST SCHOOL (Authorized Personnel)

As the host school of the above-mentioned student, I hereby state that our college/organization will not process any financial aid on the above-mentioned student's behalf.

NAME _____

SIGNATURE _____

TITLE _____

DATE _____

PHONE _____

FAX _____

EMAIL _____