

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

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NAME

Purchase ID

HOST INSTITUTION _____ <small>(School you will study at)</small>	
DATES OF ENROLLMENT _____	ACADEMIC YEAR _____
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> HALF-TIME <input type="checkbox"/> 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	_____