

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

<i>NAME</i>	<i>Purchase ID</i>

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	_____