



# 2009-10 Mid-Year Transfer Form

## STUDENT FINANCIAL ASSISTANCE

### SECTION A: STUDENT INFORMATION (PLEASE PRINT)

FULL NAME (LAST, FIRST MI.)		10-DIGIT ASU ID	9-DIGIT CAMPUS ID
SEMESTERS THIS FORM APPLIES TO		DATE OF BIRTH	SOCIAL SECURITY NUMBER (FOR FINANCIAL AID PROCESSING ONLY)
<input type="checkbox"/> Spring 2010	<input type="checkbox"/> Summer 2010		

### SECTION B: TAKE ACTION

Check the statement below that reflects your enrollment plans for the semesters in Section A above.

**If you do not follow through on the action you choose, any ASU disbursement you receive will be considered an overpayment and will require repayment.** If you require assistance with this form, please contact our office at (480) 965-3355 or visit one of our office locations.

For a list of schools that have federal aid currently scheduled for disbursement, please visit [www.nsls.ed.gov](http://www.nsls.ed.gov).

SELECT ONE ACTION BELOW	
<input type="checkbox"/>	I plan to attend ASU only. I will cancel my aid at _____ [name of institution] and request that they update NSLDS.
<input type="checkbox"/>	I do not plan to attend ASU. Please cancel my aid at ASU and update NSLDS.
<input type="checkbox"/>	I plan to concurrently attend both ASU and _____ [name of institution]. I am seeking my degree from ASU and consider ASU to be my parent institution. I will cancel my aid at my non-parent institution and request that they update NSLDS. I understand that I need to complete an ASU Consortium Agreement form by the given deadline each semester (see note below) to be considered for financial aid at ASU.
<input type="checkbox"/>	I plan to concurrently attend both ASU and another institution. ASU is not my parent institution (i.e., I am not seeking my degree from ASU). Please cancel my aid at ASU and update NSLDS. I will also complete my parent institution's consortium agreement.

**Note:** ASU Consortium Agreement can be found at [students.asu.edu/forms/consortium-agreement](http://students.asu.edu/forms/consortium-agreement). Deadlines to file an ASU Consortium Agreement are as follows (dates subject to change):

- Spring 2010 = February 10, 2010
- Summer 2010 = TBD

### SECTION C: CERTIFICATION STATEMENT & SIGNATURES

*I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.*

STUDENT SIGNATURE	DATE
-------------------	------

#### Tempe campus

PO Box 870412  
Tempe, AZ 85287-0412

Student Services Building,  
Second Floor

Phone (480) 965-3355  
Fax (480) 965-9484

[financialaid@asu.edu](mailto:financialaid@asu.edu)

#### Downtown Phoenix campus

411 N. Central Ave., Suite 166  
Phoenix, AZ 85004-2120

University Center Building,  
Suite 166

Phone (602) 496-3462  
Fax (602) 496-0376

[financialaid@asu.edu](mailto:financialaid@asu.edu)

#### Polytechnic campus

7107 E. Tiburon, #3  
Mesa, AZ 85212-0180

Student Affairs Complex, Quad 3

Phone (480) 727-1041  
Fax (480) 727-1630

[financialaid.poly@asu.edu](mailto:financialaid.poly@asu.edu)

#### West campus

PO Box 37100  
Phoenix, AZ 85069-7100

University Center Building,  
Room 120

Phone (602) 543-8178  
Fax (602) 543-8108

[financialaid.west@asu.edu](mailto:financialaid.west@asu.edu)