

If you need assistance with completing this form, please contact the Downtown Phoenix Campus office at 480-965-1160.

### STUDENT INFORMATION

Last Name	First Name	Middle I.	10-Digit ASU ID	
Local Street Address	City	State	Zip Code	Daytime Phone Number

### INSTRUCTIONS

**Concurrent Program students:** Federal regulations require that financial aid can only be disbursed through one college at a time; you will need to apply for financial aid through ASU and complete this form for financial aid disbursement. You will need to be prepared to pay your Maricopa/EAC Nursing program tuition out of pocket or by payment plan until the balance of your financial aid is awarded and/or disbursed by ASU. If you are receiving institutional grants (e.g., University Grant) they will be prorated based on your ASU enrollment status **only** (ASU enrollment must be at least half-time at ASU to receive any institutional grant funding). **Please see [students.asu.edu/forms/consortium-agreement](http://students.asu.edu/forms/consortium-agreement) for additional details.**

- Complete this form and submit all required documents.** Complete Sections A and D, your ASU academic advisor must complete Section B, and the community college / other institution must complete Section C.
- This form will not be processed if any items are left blank or illegible, resulting in the delay of your financial aid disbursement.**
- Attach **both** a copy of your registration schedule from your other institution **and** proof of payment, deferment or payment schedule from your other institution to this completed form.
- Enroll in at least one ASU credit hour for the semester in question. You must have a combined enrollment of at least half-time to receive Federal Student loans (6 credits for undergraduate).
- Submit this form by** fax to 480-965-9484, mail to P.O. Box 870412, Tempe, AZ 85287-0412 **or in person to any of the** Financial Aid and Scholarship Services office locations.

**SUBMISSION DEADLINES** - You **may** submit this form one month **before the term begins and no later than the first day of classes of session B** for the semester you are submitting this form; the ASU academic calendar can be found at [students.asu.edu/academic-calendar](http://students.asu.edu/academic-calendar). Deadline dates are firm; late or incomplete submissions will not be processed.

### SECTION A: COURSE OF STUDY AT OTHER INSTITUTION (ATTACH ADDITIONAL PAGES IF NECESSARY.)

Course Prefix & Number	Course Title	Credit Hours
1.		
2.		
3.		
4.		

### SECTION B: COLLEGE OF NURSING & HEALTHCARE INNOVATION ACADEMIC ADVISOR CERTIFICATION

**Certification:** I have reviewed the course of study of the student listed above and confirmed that the other institution courses listed above are required, acceptable for transfer, will be applied toward the student's degree or certificate, if completed with a grade of "C" or better, and all other university requirements have been satisfied.

ASU Academic Advisor's Full Name	College/Department	Phone Number
ASU Academic Advisor's Signature		Date form was signed

### SECTION C: OTHER INSTITUTION CERTIFICATION (MUST BE COMPLETED BY OTHER INSTITUTION'S FINANCIAL AID OFFICE.)

**Certification:** I have reviewed the course of study of the student listed in Section B above and confirmed enrollment at the institution mentioned below. As the other/host institution, we will not process this student for financial assistance, all records will be kept at Arizona State University (parent/host institution) and we agree to share information about this student's enrollment as requested by Financial Aid and Scholarship Services.

Number of Enrolled Credits	Semester & Academic Year	Name of Institution (city & state)	
Financial Aid Office Staff's Full Name		Email Address	Direct Office Phone Number
Financial Aid Office Staff's Signature			Date form was signed

### SECTION D: STUDENT CERTIFICATION AND SIGNATURE

**Certification:** 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.

By checking this box, I certify that I have read all the information located at [students.asu.edu/forms/consortium-agreement](http://students.asu.edu/forms/consortium-agreement).

Student's Signature	Date form was signed
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