SUBMIT COMPLETED FORM TO:
Office of Financial Aid and Scholarships
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-7436
Telephone: 619-594-6323
Web: sdsu.edu/financialaid

SAN DIEGO STATE UNIVERSITY

FILL IN STUDENT INFORMATION

Last Name _____

First Name _____

SDSU Red I.D. Number _____

Verification of Enrollment for Joint Doctoral Program Students

You must provide verification of enrollment for each semester if —

- ► you are not enrolled in at least 5 units at SDSU (home institution), and
- ► you are concurrently enrolled at another college (host institution).

For any semester you will not be attending SDSU (0 units), you must obtain financial aid from your host institution.

To be considered for financial aid, you must complete "Part 1: Host Institution and Enrollment Term" Your host institution's records office completes "Part 2: Enrollment Verification."

Once enrollment is verified, SDSU's Student Account Services will disburse financial aid. Allow at least two weeks for processing and disbursement of funds (after the term begins).

Part 1: Host Institution and Enrollment Term

Select Period of Enrollment (one only): **Summer** _____ **(year)** **Fall** _____ **(year)** **Spring** _____ **(year)**

_____ Name of Host Institution

_____ Period of Enrollment (Term Dates)

Part 2: Enrollment Verification (to be completed by the host institution office responsible for course enrollment)

Course Name	Course Number	Units	Course Fees

Check the enrollment status for the above courses.

☐ Less than half-time ☐ half-time ☐ three-quarter-time ☐ full-time

My signature certifies that this information is accurate and that I will inform the SDSU Office of Financial Aid and Scholarships of changes to the enrollment status of this student. I have provided my telephone number in the even that SDSU may need to contact me.

_____ Host Institution Official's Signature

_____ Name and Title

_____ Official's Telephone Number

_____ Date

Print Form