

# Florida International University

## Concurrent Enrollment Agreement for Financial Aid

### GENERAL INFORMATION AND PROCEDURES

If you are a financial aid recipient and enroll for a course at another eligible institution, you may be eligible for an adjustment in your FIU financial aid award. Only coursework acceptable as transfer credits, towards completion of a degree at FIU, will be considered. **With the exception of Bright Futures recipients, if you are a full-time student at FIU, this agreement is not applicable.**

**DEADLINE: This completed form, with all required documentation, must be submitted to the FIU Financial Aid Office no later than “5 WORKING DAYS PRIOR TO THE LAST DAY TO PAY FEES” for the term you are requesting concurrent enrollment. (NO exceptions will be made to this deadline).**

You must be receiving assistance from one of the following programs to be considered for an adjustment in your financial aid award: *Pell Grant, Florida Student Assistance Grant, Florida Bright Futures Scholarship program (Bright Futures does not pay for remedial courses) and/or Stafford Loans.*

**All other financial aid awards, including institutional grants/scholarships, are based ONLY on your enrollment status at FIU.** They may be reduced or canceled in accordance with specific program requirements. For eligibility criteria please reference your Award Terms and Conditions, via our website at [www.finaid.fiu.edu](http://www.finaid.fiu.edu), under Eligibility & Award Terms.

### I. STUDENT INFORMATION

Name \_\_\_\_\_ Panther ID \_\_\_\_\_

SSN \_\_\_\_\_

### II. Required Documentation:

- Copy of your FIU Transient Student Form, with appropriate approval signature.
- Copy of the Class Schedule verifying course credit hours at Host Institution.
- Paid Receipt indicating full payment has been made to the Host Institution.

**Note:** Host Institution – Is where you are completing your transient enrollment.  
Home Institution – Is where you are degree-seeking.

### III. Student Certification

I certify that I am not receiving any financial assistance from my Host Institution.

\_\_\_\_\_  
Name (Print) Signature Date

\_\_\_\_\_  
Name of Host Institution Phone Number – Host Institution