

2016-2017 Department of Rehabilitation Information Exchange Form

NOTE: This form is only to be completed and submitted by a DOR representative.

Student Name: _____ Coyote ID: _____

DOR COUNSELOR: Complete this form and email to tarmstro@csusb.edu. It may also be sent via fax. Forms should be submitted to the Office of Financial Aid and Scholarships no later than **September 5th, 2016** for students starting in Fall 2016. If the student is starting in winter or spring quarter, it must be sent at least fifteen days prior to the start of the term. Failure to submit in a timely manner may result in delayed aid disbursements or create a balance on the student's account.

1. Please ask your clients/students to turn in their financial aid award letters to you when they have been awarded.
2. Indicate the amount of assistance DOR will provide for books, supplies and transportation.
Do not include the amount that will be provided for tuition and fees. The Office of Financial Aid and Scholarships is now able to verify the exact amount DOR paid for tuition and fees.
3. All forms must have a signature from a DOR counselor.
4. Then fax directly to the Office of Financial Aid and Scholarships at 909-537-7024 or email to tarmstro@csusb.edu.

Please check:

I (DOR Counselor) have received a copy of the student's 2016-2017 Financial Aid Award Letter.

2016-2017 Cal State San Bernardino Tuition & Fees

Estimated Fees Per Quarter	Undergraduate		Credential		Graduate/Post BA	
	0-6.0 units	6.1+ units	0-6.0 units	6.1+ units	0-6.0 units	6.1+ units
State University Fee	\$1,058.00	\$1,824.00	\$1,228.00	\$2,116.00	\$1,302.00	\$2,246.00
Campus Based Fee	\$365.00	\$365.00	\$365.00	\$365.00	\$365.00	\$365.00
TOTAL required fees	\$1,423.00	\$2,189.00	\$1,593.00	\$2,481.00	\$1,667.00	\$2,611.00

Indicate the estimated amount DOR will provide for books, supplies, transportation and other educational expenses (do not include tuition and fees):

Fall 2016	Winter 2017	Spring 2017	TOTAL
\$	\$	\$	\$

Sign and date:

Signature of DOR Counselor: _____

Name of DOR Counselor: _____ Date: _____