CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

Office of Financial
Aid and Scholarships

2023-2024 Financial Aid Concurrent Enrollment

The federal financial aid law states that "The enrollment status of a student attending more than one school under a consortium agreement is based on all the courses taken that apply to the degree or certificate at the home institution." A student may not receive Federal financial aid funds for enrollment at two schools during the same enrollment period.

This form is used to verify enrollment at another non-CSU college or university while attending and receiving financial aid from California State University, San Bernardino (CSUSB). This form is ONLY used to increase Pell Grant or Cal Grant payment(s) depending on CSUSB and concurrent institution enrollment.

Eligibility

1. Must be a regularly admitted (CSUSB) student.
2. Must be enrolled in six (6) units or more at CSUSB to be eligible for financial aid based on concurrent enrollment at another college or university.

Terms

1. Concurrently enrolled courses must meet degree requirements at CSUSB.
2. Units completed at the concurrent institution will be added to CSUSB units for disbursement purposes after CSUSB quarterly add/drop period (census).
3. Your units will be computed as follows: 1 semester unit equals 1.5 quarter units.
4. Satisfactory academic progress standards must be met and units enrolled at concurrent institution will count towards completion rate. Refer to Satisfactory Academic Progress under "Apply for Aid" at the top of the Financial Aid web page (http://finaid.csusb.edu).
5. Official academic transcripts from concurrent institution must be submitted to Registrar's Office at end of semester/quarter attended.
6. After course(s) are completed, you must submit an unofficial transcript with the grade(s) received at concurrent institution to the Office of Financial Aid & Scholarships.

Procedures

1. Student completes Part I of the "CSUSB Financial Aid Concurrent Enrollment" form. Student attaches the following documents to the form:
    a. Copy of the approved "Concurrent Enrollment for Equivalent Transfer Course(s)" from the CSUSB Office of Records, Registration and
    b. An official enrollment verification from the non-CSU school you are attending
2. Part II is completed by the non-CSU institution's financial aid office.
3. CSUSB Office of Financial Aid reviews this form to determine the student's eligibility for additional funds.
4. An annual Satisfactory Academic Progress review will be conducted to include coursework completed at concurrent institution before future academic year aid is disbursed.

NOTE: This form is not used for concurrent or visitor enrollment on another CSU (California State University) campus.

CALIFORNIA STATE UNIVERSITY SAN BERNARDINO
Office of Financial Aid and Scholarships

2023-2024 Financial Aid Concurrent Enrollment

Section 1: To be completed by the CSUSB Student

Student Name: _____ **Coyote ID:** _____

Concurrent Institution: _____

Term Enrolled: ☐ Fall Semester ☐ Spring Semester ☐ Summer Semester

List Courses Enrolled:	Course Units	Course Start Date	Course End Date

Initial each item:

_____ I understand that additional funds will be paid after the CSUSB add/drop period (census).

_____ I understand that Satisfactory Academic Progress must be met and units enrolled at concurrent institution will count towards completion rate.

_____ I must submit official academic transcripts from the concurrent institution to the Registrar Office at CSUSB.

_____ I must be enrolled in a minimum of 6 units at CSUSB for the term this Concurrent Enrollment Agreement is being submitted.

_____ I understand the courses enrolled at the concurrent institution must be accepted towards my degree.

Section 2: Additional Documentation Required

_____ Official Enrollment Verification from the Concurrent Institution.

_____ Approved CSUSB "Concurrent Enrollment for Equivalent Transfer Course(s)" form.

Student Signature: _____ Date**: _____

Section 3: To be completed by the non-CSU Concurrent Institution Financial Aid Staff:

Is student receiving any financial aid at your institution: ☐ Yes ☐ No

*Do not include the California College Promise Grant

If yes, list the type of aid and amount the student is receiving for the concurrent term:

Type of aid _____ Amount: $ _____

Type of aid _____ Amount: $_____

My signature confirms that the host institution will notify CSUSB Financial Aid if the student withdraws or receives financial assistance for the designated enrollment period.

_____   _____

Print Host Institution Official's Name   Name of Host Institution

_____   _____   _____

Host Institution Officials Signature/Stamp   Date   Telephone Number