

Financial Aid Office

University of South Carolina Lancaster

PO Box 889 • Lancaster, SC 29721-0889

Phone: 803-313-7068 • Fax: 803-313-7168 • E-mail: usclfa@mailbox.sc.edu

<http://usclanaster.sc.edu/finaid/index.html>

CONCURRENT ENROLLMENT OR TRANSIENT STUDY REQUEST FORM, HOST INSTITUTION

NAME: _____ Last 4 of SSN: xxx-xx-____ DATE: __/__/____

While continuing a degree program of study through one institution, referred to as the Home Institution, a student may receive Federal Financial Aid for classes taken at another institution, referred to as the Host Institution, so long as those classes transfer back to the Home Institution. This type of enrollment is called Concurrent Enrollment or Transient Study.

For students who are currently admitted to a degree program of study at another institution and wish to receive Federal Financial Aid for courses taken by Concurrent Enrollment or Transient Study at USC-Lancaster, the following must be completed:

- The student must be admitted at USC-Lancaster for the period of enrollment and registered for classes.
- The student must complete the "Concurrent/Transient Study Request, Host Institution" form for the Financial Aid Office at USC-Lancaster.
- The Financial Aid Office from the Home Institution must complete the Consortium Agreement and Concurrent/Transient Study Request for the student with the USC-Lancaster Financial Aid Office.
- The student must have completed the Free Application for Federal Student Aid.
- The Home Institution must request, in writing, the information they need to award Federal Financial Aid for courses taken at USC-Lancaster by Concurrent Enrollment or Transient Study.

The Student must read, complete and sign the following statements:

_____ is here after referred to as my Home Institution.

I am currently an admitted student to the Home Institution and intend to continue my degree program of study there.

USC-Lancaster is here after referred to as my Host Institution.

I intend to take Concurrent Enrollment or Transient Study courses at this USC-Lancaster for the following periods of enrollment: _____ (Fall, Spring, May, Summer I, Summer 2).

While attending USC-Lancaster I will live: ___ With my parents ___ Off-Campus/not-with my parents

I hereby authorize my Home Institution to be the awarding agency for the courses I have enrolled in at my Host Institution. I also authorize my Home Institution to receive all pertinent information regarding my financial aid from my Host Institution.

I hereby request that USC-Lancaster provide any information that my Home Institution requests in order to award Financial Aid.

By signing this form I am stating that I have read and agree to all of the above statements, and that they are true to the best of my knowledge. I understand that I am in no way guaranteed to have Financial Aid Eligibility, and changes to application information may result in a reduced or canceled award. I also understand that this form in no way obligates me to continue to accept Financial Aid or enroll in the classes I have registered for.

Student Signature

Date

Financial Aid Office Use Only

Student SSN

Processed By _____
Printed Name

Date

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Signature

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