

Financial Aid Office

University of South Carolina Lancaster

PO Box 889 • Lancaster, SC 29721-0889

Phone: 803-313-7068 • Fax: 803-313-7116 • E-mail: usclfa@gwm.sc.edu

<http://usclanaster.sc.edu/admissions/Finaidhm.htm>

TRANSIENT STUDY REQUEST, HOME 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 Transient Study.

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

- The student must have completed the Special Enrollment Request form and provided a copy to the Financial Aid Office at USC-Lancaster.
- The student must be registered for all courses the student indicated on the Special Enrollment Request form.
- The student must complete the "Transient Study Request" form for the Financial Aid Office at USC-Lancaster.
- The Financial Aid Office from the Host Institution must complete the Consortium Agreement and Transient Study Request for the student, and return it to the USC-Lancaster Financial Aid Office.
- The student must have completed the Free Application for Federal Student Aid and the Summer Financial Aid Application by April 15th.

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

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

I am currently an admitted student to USC-Lancaster and intend to continue my degree program of study at USC Lancaster.

_____ is here after referred to as my Host Institution.

I intend to take Transient Study courses at this Host Institution for the following periods of enrollment:

_____ (Fall, Spring, May, Summer I, Summer 2).

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

I hereby request that my Host Institution provide any information that USC-Lancaster 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

Signature