

**MAIL OR FAX COMPLETED FORM TO:**

Office of Financial Aid & Scholarships  
San Diego State University  
San Diego, CA 92182-7436  
Voice: 619 • 594 • 6323  
FAX: 619 • 594 • 4268  
Web: <http://www.sdsu.edu/financialaid>



**Select Period of Enrollment**  
(One Only)  
Summer\_\_\_\_ Fall\_\_\_\_ Spring\_\_\_\_  
(Insert year)

**Verification of Enrollment  
for Joint Doctoral Program Students**

You must provide Verification of Enrollment for each semester if—

- ▶ you are not enrolled in at least 5 units at SDSU (home institution), and
- ▶ you are concurrently enrolled at another college (host institution).

For any semester you will not be attending SDSU (0 units), you must obtain financial aid from your host institution.

To be considered for financial aid, you must complete "Part 1: Student Information." Your host institution's records office completes "Part 2: Enrollment Verification."

Once enrollment is verified, the University Disbursements Office will disburse financial aid. Allow at least two weeks for processing and disbursement of funds (after the term begins).

**Part 1: Student Information**

\_\_\_\_\_  
*Last Name, First Name*

\_\_\_\_\_  
*Red ID Number*

\_\_\_\_\_  
*Name of Host Institution*

\_\_\_\_\_  
*Period of Enrollment (Term Dates)*

**Part 2: Enrollment Verification (to be completed by host institution office responsible for course enrollment)**

Course Name	Course Number	Units	Course Fees

Please check the enrollment status of the above courses:

- less than half-time     half-time     three-quarter-time     full-time

**My signature certifies that this information is accurate and that I will inform the Office of Financial Aid and Scholarships of changes to the enrollment status of this student. I have provided my telephone number in the event that SDSU may need to contact me.**

\_\_\_\_\_  
*Official's Signature*

\_\_\_\_\_  
*Name and Title (please print)*

\_\_\_\_\_  
*Official's Telephone Number*

\_\_\_\_\_  
*Date*