

FINANCIAL AID CONTRACTUAL AGREEMENT

Student Information

Name _____ Social Security Number _____

Permanent Address _____ Phone Number _____

The student above is a degree seeking student at Dickinson State University.

The student will be attending _____ as a transient student under this contractual agreement during the _____ semester(s) of the _____ academic year.

The student wishes to use financial aid funds during the transient term(s). The source(s) of funds may include Federal Pell Grant, Federal Stafford Loan, Unsubsidized Stafford Loan, Federal PLUS Loan, and/or any other federal, state, or institutional grants or loans. In order to facilitate the financial aid process for this student, Dickinson State University will consider the student to be enrolled in an eligible program of study, and will award financial aid, disburse funds during the Dickinson State University fee payment period, and be responsible for compliance with established policies, (including the responsibility of determining refunds and/or repayments resulting from the student's withdrawal from classes).

The host school, _____, agrees to provide Dickinson State University with the Cost of Attendance; to verify the student's enrollment; and to inform Dickinson State University of any changes in the student's enrollment status.

TO BE COMPLETED BY HOST INSTITUTION

Name of Program: _____

Program Address _____

Dates of Proposed Study: From _____ To _____

Terms of Proposed Study: _____ Summer 20 ___ _____ Fall 20 ___ _____ Spring 20 ___

Actual number of credits enrolled in _____

COST OF ATTENDANCE: Tuition & Fees : _____
Books & Supplies: _____
Room & Board: _____
Misc. (Trans. & Personal) _____
TOTAL _____

The contents of this agreement are set forth to comply with Federal Regulations concerning contractual agreements, and with the Federal Student Handbook concerning the same. Officials from both schools listed above must sign this agreement.

For Host Institution:

For Dickinson State University:

Institution Name
Authorized Signature _____ Date _____
Type Name and Title
Address
Telephone Number
Fax Number

Authorized Signature _____ Date _____
Sandy Klein, Director of Financial Aid
291 Campus Drive, Dickinson, ND 58601
(701) 483-2371
(701) 483-2720

Please return to Dickinson State University.