Financial Aid
May Hall, Room 111
Dickinson State University
291 Campus Drive
Dickinson, ND 58601-4896

Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday
Phone: 1-800-279-4295 ext. 2371 or 701-483-2371
Fax: 701-483-2409
Web: www.dickinsonstate.edu
Email: dsu.financialaid@dickinsonstate.edu

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 ____
Actual number of credits enrolled: _____

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.

Host Institution

_____ Dickinson State University
Institution Name

_____ _____ _____ _____
Authorized Signature Date Authorized Signature Date

_____ Christopher Meek, Director of Financial Aid
Type Name and Title

_____ 291 Campus Drive, Dickinson, ND 58601
Address

_____ (701) 483-2371
Telephone Number

_____ (701) 483-2720
Fax Number

Please return to Dickinson State University.