

Student Information	
Name:	Email:
Last 4 digits of SS#	Phone number:

HOST SCHOOL SECTION
Name of Institution: _____
Number of Credit hours enrolled: _____ Fall _____ Spring _____ Summer Semester(s)
Enrollment Period Dates: _____ to _____
Actual Tuition and Fees for enrollment period: \$ _____
Total Account Balance: _____ Has Been Paid _____ Has Not Been Paid (by the student)

The above is true to the best of my knowledge. This institution agrees to notify the Financial Aid office at the home school, Mountwest Community and Technical College, within two weeks, should the student change their enrollment status indicated above prior to processing any refund of tuition/fee charges resulting from a change in enrollment status.

_____	_____
SIGNATURE	DATE
_____	_____
TITLE	TELEPHONE

HOME SCHOOL SECTION
Upon receipt of the information above, the home school will:
<ul style="list-style-type: none"> • Determine if the student is meeting the home institution’s satisfactory academic requirements and other student aid eligibility requirements. • Secure documentation from the student that the credits will transfer. • If appropriate, process and distribute financial aid to the student after documentation is received. • Distribute any Title IV funds applicable back to the program after notification of a change of enrollment status.

_____	_____
SIGNATURE	DATE
_____	_____
TITLE	TELEPHONE NUMBER