



# 2008-2009 (XR0L) Cross Enrollment Contract for Undergraduate Students

Office of Financial Aid · 4202 East Fowler Avenue, SVC 1102 · Tampa, Florida 33620-6960 · (813) 974-4700 · www.usf.edu/financialaid

Name: \_\_\_\_\_ USF ID: U \_\_\_\_\_

**Section B:** (To be completed by a USF Academic Advisor Only)

**Instructions:** If this student does not plan on using this contract for financial aid purposes, cross out Section C below. DO NOT forward this contract to the host institution's financial aid office.

**Part 1:** Answer the following:

1. This agreement is for (choose only one term):  Fall 2008  Spring 2009  Summer 2009
2. Is this student classified as a degree seeking student at USF?  Yes  No
3. Is this student eligible to register at USF for this term?  Yes  No
4. Is this student classified as Florida resident?  Yes  No

College/Department Stamp

**Part 2:** Check the appropriate box:

- This student has elected, without my recommendation, to enroll in the courses listed below.
- I have recommended that this student enroll in the courses listed below for the following reason:

(DO NOT LEAVE BLANK): \_\_\_\_\_

**Part 3:** The student should list the courses requested for cross enrollment. The academic advisor will indicate whether the cross enrollment credits will transfer back towards the student's USF degree.

Prefix and Number	Course Title	Credits	USF Equivalency	Apply Towards Graduation?	Remedial

**Academic Advisor Certification Statement:** By signing this agreement, I certify that the above information is correct and I have approved the student to enroll in \_\_\_\_\_ courses for a total of \_\_\_\_\_ credit hours.

\_\_\_\_\_  
USF Academic Advisor Signature and Date

\_\_\_\_\_  
Print Name, Title and Department

***STOP!** This agreement is not valid if you return it to our office prior to the end of the Host Institution's drop/add.*

**Section C:** (To be completed by the Host Institution's Financial Aid Office after their first week of drop/add.)

**Part 1:** Your institution's Federal School Code: \_\_\_\_\_ Is this a Florida institution?  Yes  No

**Part 2:** Of the courses listed in Section B, Part 3 (above), this student is actively enrolled in:

Prefix and Number	Course Title	Credits	Start Date	End Date	Correspondence?

**Part 3:** This student's total tuition and lab fees for the approved courses listed above (DO NOT LEAVE BLANK): \$ \_\_\_\_\_

**Part 4:** Institutional/Private aid received: \$ \_\_\_\_\_

**Statement of agreement between USF and the Host Institution:** I certify that our drop/add period has ended and agree to notify USF if this student withdraws from any of the courses listed above. To prevent duplicate payment of federal Pell Grant, FSAG and Florida Bright Futures, I agree that only USF will process federal and state financial aid for this student. I agree that only USF will determine refunds or repayments from this student should they withdraw from classes. USF will be responsible for monitoring this student's satisfactory academic progress.

\_\_\_\_\_  
Host Institution Financial Aid Officer Signature and Date

\_\_\_\_\_  
Print Name and Title

IF YOU ARE USING THIS FOR FINANCIAL AID PURPOSES,  
RETURN THIS CONTRACT TO THE USF OFFICE OF FINANCIAL AID (address on front)