



**Financial Aid and Scholarships**  
**California State University, Los Angeles**  
 5151 State University Drive, SSB 2330  
 Los Angeles, CA 90032-8402  
 Phone: (323) 343-6260

2023-24

For office use only:

**2023-2024 Aid Coordination Form**

Name: \_\_\_\_\_ CIN#: \_\_\_\_\_  
 Last First  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City State Zip Alternative/Work: \_\_\_\_\_

**Note to departments:** All scholarships, grants, stipends and fellowships disbursed to students attending Cal State LA must be reported to the Financial Aid and Scholarships office. Federal Student Aid regulations require the Financial Aid and Scholarships Office to adjust or cancel a student's other aid to prevent potential overpayments based on the student's cost of attendance for the academic year. "Cost of attendance" or "COA budget" refers to the university's reasonable estimate of the student's educational expenses for one academic year, including tuition, fees, housing, meal plan, transportation, personal expenses, books, supplies, and other related costs. In accordance with FSA regulations, Financial Aid is required to adjust "self-help" aid (i.e. loans and/or federal work-study) before adjusting gift aid. **For more information regarding the Aid Coordination Form process please go to the [Educational Website for Award Administration](#).**

Please fully complete the fields below. Incomplete Aid Coordination Forms will be returned which may result in a delay of the issuance of funds. Submit the form a minimum of 2 to 4 weeks before required check date to allow for processing time by Financial Aid and UAS offices.

**Type of Request:**  New Award  Revision to initial Award (please check all that apply):  
 Decrease to initial award offered  Change to the Project ID Number  
 Increase to initial award offered  Change to the name of the award

**Payment authorized as follows:**

Name of Award: \_\_\_\_\_ Project ID Number: \_\_\_\_\_

Please check this box to confirm that you have verified that the student is enrolled in at least 1 unit during the semester they will receive the funds.

Total Award Amount: \_\_\_\_\_ Requested Check Date: \_\_\_\_\_

Semester(s)	Amount Applicable towards "Registration Fees"	Amount to Disburse to Student as Stipend Payment
Fall 2023		
Spring 2024		
Summer 2024		
TOTAL \$		

Comments: \_\_\_\_\_

Department Name: \_\_\_\_\_ Extension: \_\_\_\_\_

Name of authorizing official (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature of authorizing department official: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial Aid Office Use Only**

Doc Returned to Dept.:  Incomplete  Not CSU Student FA Officer Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of Scholarship Coordinator or FA Office Designee: \_\_\_\_\_ Date: \_\_\_\_\_