

Section 2. To be completed by Secondary Institution

The student who is requesting you to complete this section is applying for and would like to receive financial aid at Cal State LA under a consortium agreement with your institution. Please provide the following information:

Is the above named student receiving Title IV (federal) and/or state financial aid through your institution for the enrollment period listed in Section 1?

Yes No

Is the student currently registered at your institution for the classes listed in Section 1?

Yes No

Please indicate the Academic Year for which the student is enrolled in the above listed courses in Section 1: _____

Please indicate start and end dates for the term in which the student is enrolled for the above listed courses in Section 1. These dates must be in "in line" or parallel with the start and end dates at the Primary Institution.

Start Date: _____ (mm/dd/yy) End Date: _____ (mm/dd/yy)

Secondary Institution Certification:

I certify that the student referenced above is enrolled in the course(s) referenced above and is not receiving Title IV Federal or State financial aid (excluding California Community College BOGG grants) from this institution.

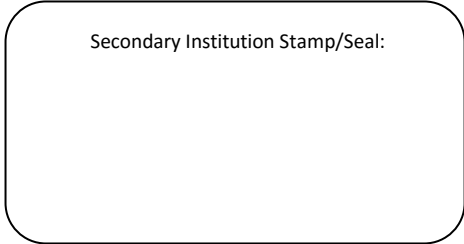
Visiting Campus Name and Address: _____

Name of certifying official: _____

Signature of certifying official: _____

Title of certifying official: _____ Date _____

Phone Number: _____



Section 3. To be completed by Cal State LA, Admissions Office

I certify that the courses listed in Section 1, which will be taken at the Secondary Institution, are transferrable to Cal State LA, and may be applied to degree progress as allowable per Cal State LA's University academic policy.

Name of certifying official: _____

Signature of certifying official: _____

Title of certifying official: _____ Date _____

Section 4. To be completed by Cal State LA, Center for Student Financial Aid

Cal State LA agrees to pay federal and/or state financial aid based on the information provided in this consortium agreement

Name of Financial Aid Staff: _____

Signature of Financial Aid Staff: _____

Title of Financial Aid Staff: _____ Date _____