

2024-2025 GVSU/Host Institution Concurrent Enrollment Form

By completing this concurrent enrollment form, students enrolled at Grand Valley State University (home institution) and another institution (host institution) may receive financial aid based on the total number of credits enrolled at both institutions. This form is only to be used if you are receiving financial aid at GVSU. Please note: if you are planning to enroll full-time at GVSU you do not need to complete this form. **This application is due by the 100% tuition refund deadline at GVSU each semester. Late forms will not be processed.**

Name: _____ GVSU Student ID Number: _____

Major: _____ Host Institution _____

Preferred E-mail: _____ Student ID (Host School): _____

Phone Number: _____

Step 1: Concurrent Enrollment Terms and Conditions

Please initial next to each line item to confirm you understand and agree to the policy.

- _____ 1. I understand that my financial aid may be reevaluated based on my enrollment at GVSU and at my host institution. If my enrollment changes I will submit a new class schedule.
- _____ 2. I understand that I may receive aid to repeat a previously passed course one-time only.
- _____ 3. I understand that credits are verified as of the 5th day of class at GVSU each semester. Financial aid is based on the combined credits as of that date.
- _____ 4. I understand that if I completely withdraw from both institutions, my financial aid will be recalculated.
- _____ 5. I am responsible for paying the bill at my host institution. Financial aid will not be transferred or released early for students participating in the concurrent enrollment program.
- _____ 6. If I do not successfully pass my attempted credits at my host institution, I may not be eligible to participate in concurrent enrollment in the future.
- _____ 7. I am responsible for having my transcript sent to the GVSU Records Office, after the conclusion of the semester, at my host institution. My credits earned at my host institution will not be transferred to GVSU until this is done.
- _____ 8. I understand that I am not eligible for Federal Work-Study funds (if applicable) if I am enrolled in fewer than 6 credits at GVSU.

Step 2: Enrollment Period

(Select one. A new form must be submitted each semester.)

- Fall (*August-December*)
 Winter (*January-May*)
 Spring/Summer (*May-August*)

Step 3: Please attach a copy of your course schedule and your tuition bill from your host school

If your schedule and bill are not included, this form will not be processed. If you have not registered for courses yet please contact the GVSU Office of Financial Aid & Scholarships.

Step 4: Required Signatures

I verify that this student is not able to take the course(s) at GVSU or one of our partnership institutions, and that the courses taken at the host institution will apply towards the student's program of study.

If this student can take the course(s) at GVSU or one of our partnership institutions, but you are signing this form for a one-time agreement with another institution, please provide a statement below explaining why we can consider this request.

GVSU Advisor Signature

I verify that the courses taken at the host institution will apply towards the student's program of study at GVSU.

Advisor's Name _____ Advisor's E-mail Address _____

Advisor's Signature _____ Date _____

Student Signature

I authorize GVSU and the host institution to release to one another enrollment and transcript information needed to process my financial aid award. I understand my GVSU financial aid will not apply to my GVSU account until my enrollment is verified. Furthermore, I realize **I am not eligible for any financial aid through my host institution, and I will have to pay their tuition when due.**

I have been admitted into a degree-seeking program at GVSU and wish to take additional course(s) at the host institution. I verify that courses I am taking at the host institution are applicable to my program of study at GVSU. I understand that if classes taken at the host institution do not apply towards my program of study my financial aid could be adjusted or cancelled. **I declare GVSU as the home institution for purposes of receiving financial aid.**

Student Signature: _____ Date: _____

Please submit your completed form and documentation to the Office of Financial Aid & Scholarships via email: finaid@gvsu.edu, fax: 616-331-3180, mail, or dropping it off in person. Be sure to include your name and G Number on all pages. Missing documentation may delay processing.



100 Arend & Nancy Lubbers Student Services Center
One Campus Drive, Allendale, MI 49401
Phone: 616-331-3234 • Fax: 616-331-3180

Grand Valley State University/Host Institution One-Time Financial Aid Concurrent Enrollment Agreement

The purpose of this agreement is to establish a one-time enrollment agreement between Grand Valley State University (the home institution) and the host institution. This form must be received no later than the last day of drop/add week of the semester for consideration. Students will be considered for financial aid under this agreement for one semester only. Federal Regulations provide for an agreement between schools to ensure fair and equitable treatment of students in this situation.

GVSU, the student and participating host institution listed below agree to the following:

- Participants will be subject to the standard rules, student conduct, and academic regulations of the institution at which they are enrolled at any semester, i.e., the home institution and/or the host institution.
- GVSU, as the home institution, will grant the degree or certificate to the student.
- GVSU will maintain all financial aid records for the student and determine eligibility for Federal Student Aid based on the credit hours taken at both institutions, as long as the credit hours are applicable towards the student's degree program.
- GVSU agrees to calculate and disburse aid for which the students may be eligible. The student will be responsible for payment of all charges at the host institution, as the disbursement of aid will be made directly to the student by GVSU.
- The host institution agrees not to provide any financial aid to the GVSU student during the semester in which the student is participating in the agreement.
- GVSU will monitor Satisfactory Academic Progress (SAP) and other student eligibility requirements, keep records, and return funds in the event that a student withdraws.
- The student will notify GVSU if he/she withdraws prior to the end of the semester in which the concurrent enrollment agreement is applicable.
- The student will be responsible for sending the official transcript from the host school to the GVSU Records Office, within two weeks of course completion to receive transfer credit for these courses.
- The classes taken at the host institution must apply towards a student's degree program at GVSU. It is the student's responsibility to ensure that these classes will apply towards the student's degree program at GVSU. This signed application and approval will also confirm adherence of this requirement.

Student Name Printed or Typed

GVSU Student G#

Student Signature

Date

Financial Aid Administrator Signature Approval (Host Institution)

Host Institution

I verify that the student named above is not receiving financial aid from our institution and confirm that the student is currently enrolled in the course(s) as described on the student's schedule. Please sign below to confirm acceptance of the terms of this enrollment agreement.

Printed Name

Email

Signature

Date

Please submit your completed form and documentation to the Office of Financial Aid & Scholarships via email: finaid@gvsu.edu or fax: 616-331-3180.