

University of Hawaii at Hilo
FINANCIAL AID OFFICE
PRIOR AUTHORIZATION FOR TRANSFER CREDIT FOR FINANCIAL AID FORM

Complete this form if you would like your concurrent course(s) counted toward your financial aid enrollment status at UH Hilo.

Step 1: To be completed by student

Name: _____ Student ID: _____

Term: Fall Spring Summer Academic Year: _____ Degree Program: _____

Email: _____ Phone Number: _____

By signing below, I confirm that I understand and have met the following requirements:

- I will **maintain at least six (6) credit hours of enrollment at UH Hilo** during the Fall/Spring terms (at least one (1) class during the Summer term).
- I have met with a UH Hilo Academic Advisor to ensure that the concurrent courses listed below are transferable and applicable to my degree program at UH Hilo. Only such courses will be considered for financial aid purposes.
- I can receive financial aid to repeat a previously passed course (or course equivalent) one additional time.
- My financial aid will only be automatically applied toward my UH Hilo charges. I must make a separate payment for the charges at the campus at which I am concurrently enrolled.
- Certain grants and scholarships (e.g. UHH Opportunity Grant) may be reduced due to my concurrent enrollment.
- These courses will be taken into consideration when reviewing my Satisfactory Academic Progress.
- If I am attending a non-UH System school, a consortium or contractual agreement is also required.
- I must notify the Admission's Office upon completion of the term to ensure my courses will be transferred.
- I am responsible for submitting this completed form to the Financial Aid Office.

Institution (e.g. HawCC, KapCC)	Approved Course (e.g. BIOL 101 General Biology)	UH Hilo Credits	UH Hilo Course Equivalent (e.g. BIOL 101 General Biology)

Student Signature: _____ Date: _____

Step 2: To be completed by a UH Hilo Academic Advisor

I have met with the student and reviewed the courses listed above to determine whether they satisfy his/her graduation requirements. I certify that these courses are transferable and applicable to the student's degree program.

 Academic Advisor's Signature Date

 Academic Advisor's Printed Name Department