



CALIFORNIA STATE UNIVERSITY  
**FULLERTON**

Return to: Office of Financial Aid  
P.O. Box 6804 GH-146 Fullerton,  
CA 92834-6804

**Enter Student's  
CWID Here:**

**CONCURRENT ENROLLMENT AGREEMENT**

PRINT CLEARLY AND USE BLACK INK

*Incomplete documents will not be returned. They will be disposed of in a secure manner, per university policy. This will delay processing.*

**TO BE COMPLETED BY STUDENT:**

NOTE: This agreement will be used to determine payment eligibility for the Federal Pell Grant and Cal Grant Fee Award and Cal Grant B Access Award. **No other funds will be adjusted based on concurrent units.**

During the Fall \_\_\_\_ or Spring \_\_\_\_ (select one), my signature certifies that I am aware of the requirements for receiving financial aid under this agreement and all of the following are true:

- For the award period above, I am enrolled for \_\_\_\_ semester units at CSU, Fullerton and for \_\_\_\_ semester/quarter (circle one) units at \_\_\_\_\_ (enter name of school) and will inform CSU, Fullerton, Office of Financial Aid, immediately of any changes in enrollment status at either school.
- I will accept financial aid ONLY from CSU, Fullerton and I understand that my Pell Grant or Cal Grant eligibility is based upon the combined units of both schools.
- To maintain my financial aid eligibility, I will provide the CSU, Fullerton's Office of Financial Aid with a grade report showing the credits earned at the secondary school for the award period. I will also ensure that the courses are properly transferred to my academic record at the Office of Admissions & Records at CSU, Fullerton.
- I am an undergraduate student.
- I understand no other funds will be paid at an increased rate based on my concurrent units.

Print Student's Name: \_\_\_\_\_ Student's CSUF CWID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ ID at Secondary Campus: \_\_\_\_\_

**ADMINISTRATOR AT CONCURRENT SCHOOL  
(REGISTRAR OR FINANCIAL AID STAFF MEMBER)**

I certify that the student listed above is enrolled in the following courses as of February 20, 2024 or current date if later during the Spring 2024 semester which begins on \_\_\_\_\_ and ends on \_\_\_\_\_. **Enrollment verification prior to February 20, 2024 will not be accepted.**

<u>COURSE NUMBER &amp; COURSE TITLE</u>	<u>UNITS</u>	<u>TRANSFERABLE TO CURRENT DEGREE @ CSUF</u> <small>(yes or no)</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Administrator's Signature	Date	_____
Print Name and Title	(Seal)	_____

**FINANCIAL AID OFFICE AT CONCURRENT SCHOOL**

This is to notify you that the student listed above has requested an increase in his/her Pell Grant or Cal Grant payment at CSUF due to concurrent enrollment at your school. Please sign below to certify that the student listed above has not and will not receive a Pell Grant or Cal Grant payment from your school for the Spring 2024 semester.

Financial Aid Administrator's Signature	Name of School
Print Name and Title	Date

**CSUF FINANCIAL AID DECISION - OFFICE USE ONLY:**

Approved: Pay: \_\_\_\_\_ units for concurrent enrollment at \_\_\_\_\_ based on CSUF enrollment of \_\_\_\_\_ units

Denied: max units transferred \_\_\_\_\_ max Pell already paid \_\_\_\_\_ max Cal Grant already paid \_\_\_\_\_ not Pell eligible \_\_\_\_\_ not Cal Grant eligible \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Concurrent Enrollment

Cal State Fullerton, Office of Financial Aid

## Spring 2024

The Concurrent Enrollment form is necessary **ONLY** when:

1. You are **Pell grant** eligible or Cal Grant eligible.
2. You are enrolled in **6 - 11 units** at Cal State Fullerton.
3. You **HAVE NOT** transferred 70 or more Community College units to Cal State Fullerton.

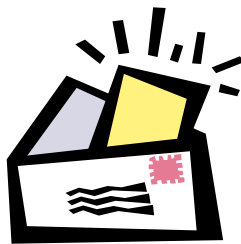
### INSTRUCTIONS

- Completely fill out the **student section**.
- Obtain certification from the **Registrar's Office and the Financial Aid Office** at the other school you are attending.
- Return form to **CSU, Fullerton, Office of Financial Aid**.
- Allow **3- 4 weeks** for your request to be processed
- Must submit 1 week prior to the end of semester.
- Form submitted after **May 1st** will not be accepted.



**Feb. 20,  
2024**

**Begin accepting  
concurrent  
enrollment request  
for Spring 2024**



**Review  
period**

**Allow 3 - 4 weeks for your  
request to be reviewed.  
The decision will be  
mailed to your home.  
\*Must submit 1 week prior  
to the end of semester.**