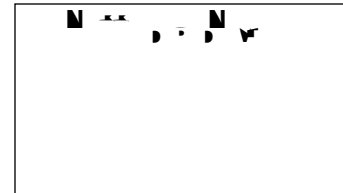




Transfer Student Enrollment Agreement



Student Name: _____ NSHE ID: _____
 E-mail Address: _____ Phone Number: _____



I am providing the requested details of my enrollment plan for (check only one): Fall Spring

Name of Host Institution: _____

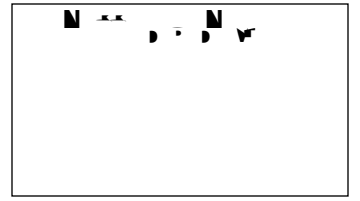
1. Course Name and Number:	Credit Hours:
2. Course Name and Number:	Credit Hours:
3. Course Name and Number:	Credit Hours:
4. Course Name and Number:	Credit Hours:
5. Course Name and Number:	Credit Hours:



- I have read the criteria for eligibility and steps listed on page 1. I understand and will follow these procedures.
- With this contract, I am submitting a copy of the registration form and paid fee receipt for the coursework at the host institution.
- If my enrollment status changes, I will notify the Office of Student Financial Aid and Scholarships at the University of Nevada, Reno and be advised of the consequences of dropping credits, which may include: 1) satisfactory academic progress probation or suspension of aid, and/or 2) required repayment of funds received.
- If costs at the host institution are different, the student budget and my award may be adjusted accordingly.
- It is my responsibility to request that my completed coursework and grades be transferred to the Office of Admissions and Records and to confirm that the academic credit has been accepted. I understand that the Office of Admissions and Records cannot guarantee how many credits will be awarded until formal transfer and evaluation of the coursework has occurred.
- I understand that within 30 days after the end of my enrollment, my financial aid history will be reviewed by the University of Nevada, Reno using NSLDS to ensure that I will not be over awarded.
- I recognize that the Consortium Agreement may take up to 7-10 business days to process. If I wish to participate in this agreement for another semester, I must reapply.



N y y & y
y y y



Student Name: _____ NSHE ID: _____



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y y

