

FINANCIAL AID & SCHOLARSHIPS OFFICE

1000 East Victoria Street Carson, California 90747 PHONE: (310) 243-3691

CSUDH ID:	Today's Date:
Finar	cial Aid Document Submission Cover Sheet
Please complete the info	mation requested below, submit this form along with your documents.
	ng your documents to the online <u>Dropbox</u> , please exercise caution when using ers as these are not secure.
Student Name:	ast Name, First Name, MI
Toro Email Address:	
	Code) (i.e. 222-1234)

Note: Please be sure to include your **CSUDH student ID number** on each page submitted and allow up to 4 business days for your **To Do List** to be updated.

SUBMISSION INSTRUCTIONS:

On the following page(s), complete all requested information using the fillable document below. Your document must be complete to be accepted by the Financial Aid & Scholarships Office. Forms that are incomplete will remain on your To Do List in the Student Center.

- 1. Upon completing this document, scroll to the bottom where you are asked to sign and date. Provide your wet signature. Typed/font signatures are not acceptable.
- 2. Save your document. Name your document with your first name, last name, and CSUDH ID number
- 3. If you have attachments, please have them ready to upload to the online Dropbox
- Return to the <u>Financial Aid Forms</u> page, go to the <u>blue Dropbox Folders</u> section, <u>select the icon that corresponds with your last name</u>, use the "Add Files" or "drag stuff here" option to upload your documents. <u>Emailed documents will not be accepted</u>.
- 5. Once all documents have been submitted, be sure to close your browser.

In furtherance of CSU Dominguez Hill's mission of accessibility and commitment to excellence through diversity, equity, and inclusion, CSUDH strives to ensure that its information and communication technology is accessible to everyone. If you need assistance in completing this form because of a disability, please contact us at (310) 243-3660



FINANCIAL AID & SCHOLARSHIPS

1000 East Victoria Street, WHB260	
Carson, California 90747	
Phone: (310) 243-3691	

Name:			
_	Last	First	MI
Student	:ID#		

Transfer Unit(s) Verification Form

The Transfer Unit(s) Verification Form is used when a student is enrolled at a community college while attending CSU Dominguez Hills during the same semester and wants to have the units attempted at both institutions count toward their Federal Pell Grant eligibility. After the completed form is submitted to the CSUDH Financial Aid & Scholarships Office, the community college will be contacted to verify enrollment. Note: If you are enrolled full time (12 units) at CSUDH, you do not need to complete this form.

Submission Deadlines: (Fall 2024: November 30, 2024; Spring 2025: April 24, 2025)

To be eligible to use this form, you must be:

Consortium received date

- Enrolled in the majority of your units at CSUDH; and
- Enrolled in a minimum of six units at CSUDH; and
- Have not transferred 70 units or more to CSUDH.

Α.	List	course	S) to be	comp	leted:

Community College Name and Address				Semester	Department, Number & Title
3. To be completed by academic advisor.1. Indicate the number of units from above					
2. Indicate the number of units this student	t has trans	ferred fron	n the c	community co	ollege:
3. Course(s) transferable to CSUDH:					
Community College Course (Example: HUM 101)	Units	Cour GE	rse Applies To : Major Minor		CSUDH Equivalent Course (Example: HUM 310)
dvisor Name (printed):		_ Advisor	Signa	ture:	
epartment:		Date:			
<u></u>		Date.			
hereby acknowledge that the information I have provided lsified documents and/or statements I may be referred to			ents are	true and accura	te. I also acknowledge that if I submit
tudent Signature:					
	For Financi	al Aid Office	e Use O	nly**	
erm: Fall Spring (CSUDH units enrolled in as	of concus)				

Award adjusted/locked

Communication sent