CONCURRENT ENROLLMENT REQUEST FORM
(For Financial Aid students simultaneously enrolled at another UH campus)

STUDENT’S NAME: ____________________________ UH ID: ________________

Major/Program: ____________________________ UH Email: ________________

IMPORTANT!
YOU MUST BE ENROLLED WITH UHWO IN AT LEAST 6 — CREDITS BEFORE YOUR CONCURRENT ENROLLMENT WILL BE CONSIDERED. ONLY COURSES APPLICABLE & TRANSFERABLE TOWARDS YOUR UHWO DEGREE REQUIREMENTS WILL BE CONSIDERED FOR FINANCIAL AID PURPOSES. THIS FORM MUST BE SIGNED BY A UHWO ACADEMIC ADVISOR.

* The deadline to submit this form is the last day of late registration posted for the semester in which you are concurrently enrolled. LATE SUBMITTALS WILL NOT BE REVIEWED.

Indicate the semester & year of your concurrent enrollment:  □ Fall 2014  □ Spring 2015

Course (e.g. ENG 200)  Concurrent UH Campus

Course (e.g. PSY 100)  Concurrent UH Campus

Course (e.g. Math 82)  Concurrent UH Campus

* Print out your Academic Pathway from STAR, circle the requirements these courses will be fulfilling, and attach it to this form. (This step is required to complete review of your concurrent enrollment request.)

By signing below, I am requesting that my concurrent enrollment be considered for financial aid purposes and am confirming that I am enrolled in at least 6-credits with UHWO. In addition, I acknowledge that I understand and am responsible for the following:

1) I have consulted with a UHWO Academic Advisor to insure that the concurrent courses indicated above are applicable and transferable toward my degree program at UH West Oahu.

2) I understand that only remedial Math and English courses ONE level below my program requirements will be considered eligible for concurrent enrollment.

3) I will make a separate payment for the charges at the UH campus at which I am concurrently enrolled. I further understand that my financial aid will only be automatically applied toward my UH West Oahu charges.

4) I will inform the UHWO Financial Aid Office in writing of any changes to my concurrent registration indicated above (e.g., change of class, drop a class or withdraw). Failure to do so may impact disbursement or continued eligibility.

5) I understand that the UHWO Financial Aid Office will include the above stated course(s) in their review of my meeting the Satisfactory Academic Progress policy requirements. If I should fail the course(s) or withdraw, I understand that I may become ineligible for continued financial aid.

6) I must maintain at least at Half-time enrollment (6-credits) with UH West Oahu for the semester.

Student Signature: ____________________________ Date: ________________

Official Use Only: ____________________________ Date: ________________  □ YES, course(s) are applicable

UHWO Academic Advisor Signature

Advisor Notes: ____________________________

Enrollment: ________ @ UHWO + ________ @ ________ = ________

CR CR Campus Total Credits

Fin Aid Use Only: ____________________________ Date Processed: __________________