



California State University
Dominguez Hills
 Financial Aid Office
 1000 East Victoria Street
 Carson, CA 90747
 (310) 243-3691 · Fax (310) 516-4498

Name: _____
Last First MI
Student ID# _____

Transfer Unit(s) Verification Form

The Transfer Unit(s) Verification Form is used when a student plans to enroll at a community college while attending CSU Dominguez Hills during the same semester. Students who wish to have the units attempted at both institutions count toward their Federal Pell Grant eligibility are required to complete this form.

Please Note: *If you are already enrolled in 12 units (full-time) at CSUDH, you do not need to complete this form.* After the completed form is submitted to the CSUDH Financial Aid Office, the community college will be contacted to verify your enrollment.

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

- 1) Enrolled in a minimum of six units at CSUDH *or* enrolled in the majority of their units at CSUDH; and
- 2) Have not transferred 70 units to CSUDH.

Students must obtain the appropriate advisor(s) signature before returning this form to the Financial Aid Office:

- Academic Advisor’s signature is required for General Education courses
- Major Advisor’s signature is required for lower division courses in the students’ academic major(s) and/or minor(s)

Course(s) to be completed:

Department, Number & Title	Units	Term	Community College* Name and Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Please confirm that the community college Financial Aid Office(s) participate(s) in Consortium Agreements.*

To be completed by appropriate advisor:

1. Indicate the number of units from above course(s) eligible for transfer toward baccalaureate degree: _____
2. Has this student transferred 70 units from a community college? ____Yes ____No
3. Course(s) transferable to CSUDH:

Course	Area (General Education area or major/minor)
_____	_____
_____	_____
_____	_____

Advisor Name: _____ Department: _____

Advisor Signature: _____ Date: _____

**** For Financial Aid Office Use Only****

_____ Consortium mailed date	_____ FA Term updated	_____ Comment posted
_____ Consortium received date	_____ Award adjusted/locked	_____ Communication sent

Comments: