



FINANCIAL AID OFFICE
1000 East Victoria Street, WHB250
Carson, California 90747
PHONE: (310) 243-3691

CSUDH ID: _____ Today's Date: _____

Financial Aid Document Submission Cover Sheet

Please complete the information requested below, submit this form along with your documents. REMINDER: When uploading your documents to the DropBox, please exercise caution when using Free WiFi or Public Computers as these are not secure.

Student Name: _____
Enter Last Name, First Name, MI

Toro Email Address: _____

Phone Number: _____
(Area Code) (i.e. 222-1234)

Be sure to include your CSUDH student ID number on the front and back of each page submitted and allow 24-48 hours for your To Do List to be updated.

Submission Instructions

In 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 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. In the signature area, type your name and in the date space type today's date.
2. Save your document. Name your document with your Initials and CSUDH ID #
3. If you have attachments, please have them ready to upload to the DropBox
4. Return to the Financial Aid Forms section to the "Submit My Documents link"
5. Once all documents have been submitted, be sure to close your browser.



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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 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.

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

- 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.

A. List course(s) to be completed:

Community College Name and Address	Units	Semester	Department, Number & Title
1.			
2.			
3.			

B. Attach proof of enrollment. Must include date of registration (e.g. printout of Account Activity, billing summary, etc.)

C. Obtain the appropriate advisor(s) signature (see below)

To be completed by academic advisor:

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

Community College Course (Example: HUM 101)	Units	Course Applies To:			CSUDH Equivalent Course (Example: HUM 310)
		GE	Major	Minor	

Advisor Name (printed): _____ Advisor Signature: _____

Department: _____ Date: _____

I hereby acknowledge that the information I have provided on this form and attachments are true and accurate. I also acknowledge that if I submit falsified documents and/or statements I may be referred to for disciplinary action.

Student Signature: _____

**** For Financial Aid Office Use Only**** Term: Fall ____ Spring ____ (CSUDH units enrolled in as of census)

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

Comments: