

STUDENT INFORMATION

Name _____ ID# _____
Last First M.I. Other Last Names

ENROLLMENT AND COST INFORMATION

Host Institution _____

Credit Hours Enrolled _____
(Please attach a copy of student's class schedule)

Tuition \$ fees: \$ _____ Books & supplies: \$ _____

Room & Board: \$ _____

Other educational expenses\$ _____ Please specify: _____

Other Resources:
(Scholarships, grants, waivers, etc.)

\$ _____ Please specify: _____

\$ _____ Please specify: _____

The host institution agrees NOT to provide Title IV program payment(s) to the above-mentioned student during the specified term and further agrees to immediately notify ICC of the student's change in enrollment status during the term specified.

Financial Aid Officer's Name _____ Email _____

Financial Aid Officer's Signature _____ Date _____

Home Institution - Independence Community College

Credit Hours Enrolled _____

Tuition \$ fees: \$ _____ Books & supplies: \$ _____

Housing: \$ _____ Meals: \$ _____

Other educational expenses\$ _____ Please specify: _____

Other Resources:
(Scholarships, grants, waivers, etc.)

\$ _____ Please specify: _____

\$ _____ Please specify: _____