

SUBMIT COMPLETED FORM TO:

Office of Financial Aid and Scholarships
 San Diego State University
 5500 Campanile Drive
 San Diego, CA 92182-7436
 Telephone: 619 • 594 • 6323
 Web: www.sdsu.edu/financialaid



FILL IN STUDENT INFORMATION	
Last Name	_____
First Name	_____
Telephone Number	_____
SDSU Red I.D. Number	_____

Doctoral Program Enrollment Questionnaire

As a Doctoral Program student applying for financial aid through San Diego State University, you are required to submit certain information. Financial aid can be obtained from only one institution per enrollment period (fall, spring, summer).

- ▶ **All Doctoral Program students** must provide the information requested below to determine your financial aid eligibility at SDSU for the academic year.
- ▶ **Doctoral Program students enrolled in fewer than 5 units** at SDSU (home institution) and enrolled concurrently at another college (host institution) must also submit the *Verification of Enrollment for Joint Doctoral Program Students* form. Your aid will be disbursed after the required verification of enrollment information is received (after the term begins).

For any semester you will not be attending SDSU (0 units), you must obtain financial aid from your host institution.

Eligibility Information

Specify Your SDSU Doctoral Program _____

<i>Expected Enrollment Summer 20__ __</i>	<i>Expected Enrollment Fall 20__ __</i>	<i>Expected Enrollment Spring 20__ __</i>
SDSU Units____ Fees \$____ Other Units____ Fees \$____	SDSU Units____ Fees \$____ Other Units____ Fees \$____	SDSU Units____ Fees \$____ Other Units____ Fees \$____

▶ Are all of your enrollment fees paid by the SDSU Doctoral Program? Yes No

▶ If No, complete the following:

<i>Summer 20__ __ Fee Payment Information</i>		<i>Fall 20__ __ Fee Payment Information</i>		<i>Spring 20__ __ Fee Payment Information</i>	
Fees paid by you:	\$____	Fees paid by you:	\$____	Fees paid by you:	\$____
Fees paid by the Doctoral Program	\$____	Fees paid by the Doctoral Program	\$____	Fees paid by the Doctoral Program	\$____
Fees paid by other source	\$____	Fees paid by other source	\$____	Fees paid by other source	\$____

▶ List below all projected financial assistance (fellowships, stipends, scholarships, grants and loans) you expect to receive for the current academic year. Attach a copy of your contract to verify the projected financial assistance. Do not include the Federal Direct Student Loans awarded by the Office of Financial Aid and Scholarships.

<i>Financial Assistance (Person or Program Name)</i>	<i>Amount Summer 20__ __</i>	<i>Amount Fall __ __</i>	<i>Amount Spring 20__ __</i>

▶ My signature certifies that all of the above information is true, and I will inform the Office of Financial Aid and Scholarships of any changes in my enrollment status, fees or assistance.

Signature

Date