

**STUDENTS WHO ARE GOING TO TAKE CREDITS AT ANOTHER
INSTITUTION, PARTICIPATE IN STUDY ABROAD OR FIELD EXPERIENCE
AND WISH TO RECEIVE TITLE IV FUNDS**

Please complete and return to the Financial Aid Office

Name _____

Student ID # _____ SS # _____

I will be attending _____

Address of attending school _____

I will be taking _____ credits. Term _____.

Period of enrollment _____ to _____

____ I agree to notify Castleton State College immediately if I stop attending classes at the above named institution.

____ I authorize Castleton State College to send my Title IV funds to the above named institution for payment of charges incurred for the period of enrollment.

____ I authorize Castleton State College to send any refund of Title IV funds to:

____ I agree to provide a transcript of coursework taken at the above named institution for my financial aid file.

If applicable, I agree to pay Fedex/UPS charges if payment to school must be mailed that way.

Student Signature _____ Date _____

Financial Aid Office use only:	
Valid FAFSA on file _____	Verification complete _____
Prior Approvals Complete _____	Expense/Cost sheet submitted _____
Budget Updated _____	Award Complete _____
Request Contract _____	Contract Returned _____
Consortium Agreement Sent _____	Consortium Returned _____
Consortium/Contract copy to Lynn _____	
Student Schedule received _____	Copy of bill received _____
Student Registered at CSC by Lynn _____	
Payment Request to Betty _____	Payment Sent _____
Refund to Student _____	