Architecture SANT'ANNA Course Approval Form

As allowed under 34 CFR 668.5 students enrolled and matriculated at Alfred State College (HOME) may receive financial aid for those courses taken at another institution (HOST) if those courses are applicable to their program of study.

Section I – to be completed by the student:

Student ID#:_____

Student Name:_____   Academic Major:_____

Student Address:_____

Phone Number:_____   Email:_____

Term covered under this agreement: {   } Summer 20_____   {   } Fall 20_____   {   } Spring 20_____

The student must:
1. Be matriculated in a degree-granting program at Alfred State and making satisfactory academic progress as specified by the college's published policy.
2. Complete the Free Application for Federal Student Aid (FAFSA), the NYS Payment Application (if applicable) and have all financial aid requirements satisfied.
3. Submit this completed agreement to the Student Records and Financial Services Office at Alfred State.
4. Submit grade transcripts from the host institution upon completion of the course(s) to the Student Records and Financial Services Office at Alfred State.

Section II – to be approved by the Alfred State Transfer Advisor:

Applicable course(s) at host institution – Course Number and Name to be provided by the student. Credit Hours and Apply to Program columns to be completed by the Alfred State Transfer Advisor:

Course Number	Course Name	Credit Hours	Apply to Program as: (i.e., humanities elective) or N/A (not applicable to Program):
ARCH 6306	Studio Sorrento - ASC	6	
CIVL 5213 or xxx3	Foundation and Concrete Construction- ASC (online) or LAS Concentrated Elective (online) or Gen Ed Humanities Elective (online)	3	
HUM 399	Archaeology Field Study - SA (ASC- ANTH 5223 Archeology Cities of Fire)	3	
WL 101	Elementary Italian Language - SA (ASC - ITAL 1303 Italian I)	3	
ARCH 2433	Urban Sketching & Journaling - ASC	3	

Course Number continued	Course Name	Credit Hours	Apply to Program as: (i.e., humanities elective) or N/A (not applicable to Program):

I certify that _____has been approved to enroll at The Sant'Anna Institute of Sorrento for the term

                                        Name of student

specified and that the course(s) listed here are applicable to the student's program of study at Alfred State.

Transfer Advisor's Signature:_____   Date:_____

Section III – to be completed by your Alfred State Financial Aid Counselor:

Number of credit hours enrolled for at The Sant'Anna Institute of Sorrento that are eligible for financial aid: _____

Period of enrollment that the student will attend The Sant'Anna Institute of Sorrento:
(mm/dd/yy):   Start Date _____ / _____ / _____   End Date_____ / _____ / _____

Cost of Attendance for Term: Financial Aid Available:
Tuition . . . .$_____   Pell . . . .$_____
Fees . . . .$_____   TAP . . . .$_____
Books/Supplies . . . .$_____   Stafford Loans . . . .$_____
Room/Board . . . .$_____   Other Loans . . . .$_____
Transportation . . . .$_____   Scholarships . . . .$_____
Personal/Miscellaneous . . . .$_____

Total COA for Term . . . . $_____   Total COA for Term . . . . $_____

Pell Grant COA for aid year $_____   Pell Grant COA for aid year $_____

Student's bill for the Sant'Anna experience $_____

Balance due after estimated financial aid has been applied $_____

Financial Aid Counselor Signature: _____   Date: _____

I understand that I can only receive financial aid from my degree-granting institution. I authorize Alfred State to use financial aid funds otherwise payable to me towards my bill at the host institution. **If I change my schedule from what is approved above or withdraw completely during the term specified, I may be required to repay financial aid (including student loans). I understand that financial aid my not cover my entire bill and I am responsible for any unpaid balances.** This agreement is only valid for the term specified above.

Student's Signature:_____   Date:_____