



	Number of Credit Hours:	Course Will Transfer to UIW As:

I certify that the course(s) listed above are required for and will transfer to _____ s degree plan at UIW.

 Academic Department Telephone/email address

To be completed by Host Institution:

Will the above student receive financial assistance at your institution? Yes No
 Will your office notify UIW if the student withdraws from the coursework at the Host Institution covered in this agreement? Yes No
 Has the last day to drop courses with a refund passed? **(Please do not process this request until after your last day to drop with a refund.)** Yes No

Dates of Enrollment for this Agreement	Begin:	End:
Number of Weeks of Instructional Time		
Tuition and Fees per credit hour	\$	
Books and Supplies per credit hour	\$	
Total	\$	
Last Day to Drop With a Refund		

 Telephone/email address _____

 Date

Please return this form to:
 UIW Office of Financial Assistance
 4301 Broadway, CPO 308
 San Antonio, Texas 78209
 Fax: 210-283-5053

UIW OFFICE OF FINANCIAL ASSISTANCE USE ONLY

Host Institution Registration:		Registrar Approval (SPACMNT):	
Degree-seeking (RSIAPPL):		SAP status (ROASTAT):	
File Complete (RRAAREQ):		UIW hours sufficient (ROAENRL):	

Date Faxed to Host Institution:

Date Received from Host Inst.:

