



# Financial Aid and Scholarship Services Mid-semester Transfer Form

Academic year  
**2024–2025**

## Student information

Please type or print clearly using only blue or black ink.

Last name	First name	Middle initial	10-digit ASU ID	
Local street address	City	State	Zip code	Daytime phone number

This form will not be processed if any items are left blank or illegible.

If clarification of your situation is necessary, additional information or documentation may be required.

## Purpose

ASU has determined that you received federal student aid at another college or university in the same academic year in which you have applied for federal student aid at ASU. You may receive federal financial aid at only one institution per semester and/or academic year. Please visit the Federal Student Aid dashboard at <https://studentaid.gov/dashboard/> to verify where you have received Federal Direct Loan and/or Federal Pell Grant funds.

## Instructions

- In **Section A**, select the semester you plan to start ASU and the statement that best reflects your situation.
- If applicable, provide a copy of the appropriate documentation.
- Submit this form and supporting documentation online by uploading [to https://tuition.asu.edu/forms/fa-loan-additional-info](https://tuition.asu.edu/forms/fa-loan-additional-info), mailing to PO Box 870412, Tempe, AZ 85287-0412, or in person at any Financial Aid and Scholarship Services location.

## Section A: Transfer information

Semester you plan to start at ASU (select one):

Fall 2024                       Spring 2025                       Summer 2025

Select the statement below that reflects your enrollment plans for the semester selected above.

I plan to attend only ASU. I will cancel all outstanding pending aid at \_\_\_\_\_ [name of institution] and request that they update the National Student Loan Data System (NSLDS.) I understand that ASU will reduce or cancel my Federal Direct Subsidized and/or Unsubsidized Loan(s) or Pell Grant and bill me for any amount received in excess of my allowable annual limit(s) if NSLDS is not updated by the other institution.

I do not plan to attend ASU. Please cancel my aid at ASU.

I plan to concurrently attend ASU and \_\_\_\_\_ [name of institution]. I am seeking my degree from ASU and consider ASU to be my parent institution. I will cancel all outstanding pending aid at my non-parent institution and request that they update NSLDS. I also understand that I need to complete an ASU Consortium Agreement (located at [tuition.asu.edu/find-a-form/consortium-agreement](https://tuition.asu.edu/find-a-form/consortium-agreement)) before each semester's deadline (listed on form) to be considered for financial aid at ASU. College Achievement Plan participants must contact the College Achievement Plan team at 480-965-3200 before submitting this form. I understand that ASU will reduce or cancel my Federal Direct Subsidized and/or Unsubsidized Loan(s) or Pell Grant and bill me for any amount received in excess of my allowable annual limit(s).

I plan to concurrently attend ASU and another institution. ASU is **NOT** my parent institution (i.e., I am not seeking my degree from ASU). Please cancel my aid at ASU. I will also complete my parent institution's consortium agreement. **This option is not available to College Achievement Plan participants. For questions, please contact the College Achievement Plan team at 480-965-3200.**

I am a parent of a dependent student and only have a Parent PLUS loan for my child who is attending \_\_\_\_\_ [name of institution].

## Section B: Certification and signature

**Certification:** I understand that ASU will reduce or cancel my Federal Direct Loan(s) and/or Federal Pell Grant and bill me for any amount received in excess of my allowable annual loan limit (see annual loan limits at [tuition.asu.edu/financial-aid/loans](https://tuition.asu.edu/financial-aid/loans)). I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Student signature	Date form was signed
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If you need assistance to complete this form, please contact our office at 855-278-5080 or [tuition.asu.edu/contact-resources](https://tuition.asu.edu/contact-resources).