CONCURRENT ENROLLMENT REQUEST FORM
(For Financial Aid students simultaneously enrolled at another UH campus)

Student's Name: ________________________________  UH ID: ________________________________
Major/Program: ________________________________  UH Email: ________________________________

IMPORTANT!
- You must be enrolled in at least 6 credits with UHWO before your concurrent enrollment will be considered.
- Only courses applicable & transferable towards your UHWO degree requirements will be considered for financial aid purposes.
- This form must be signed by a UHWO academic advisor before submitting to Financial Aid.
- The deadline to submit this form is the last day of late registration for the semester in which you are concurrently enrolled. Late submittals will not be reviewed.

Indicate the semester & year of your concurrent enrollment:  □ Fall 20__  □ Spring 20__

Course (e.g. ENG 200)  Concurrent UH Campus

Course (e.g. PSY 100)  Concurrent UH Campus

Course (e.g. Math 82)  Concurrent UH Campus

By signing below, I am requesting that my concurrent enrollment be considered for financial aid purposes and am confirming that I am enrolled in at least 6 credits with UHWO. In addition, I acknowledge that I understand and am responsible for the following:

1) I have consulted with a UHWO Academic Advisor to insure that the concurrent courses indicated above are applicable and transferable toward my degree program at UH West Oahu.
2) I understand that only remedial Math and English courses ONE level below my program requirements will be considered eligible for concurrent enrollment.
3) I will make a separate payment for the charges at the UH campus at which I am concurrently enrolled. I further understand that my financial aid will only be automatically applied toward my UH West Oahu charges.
4) I will inform the UHWO Financial Aid Office in writing of any changes to my concurrent registration indicated above (e.g., change of class, drop a class or withdraw). Failure to do so may impact disbursement or continued eligibility.
5) I understand that the UHWO Financial Aid Office will include the above stated course(s) in their review of my meeting the Satisfactory Academic Progress policy requirements. If I should fail the course(s) or withdraw, I understand that I may become ineligible for continued financial aid.
6) I must maintain Half-time enrollment (6 credits) with UH West Oahu for the semester.

Student Signature: ________________________________  Date: ________________________________
UHWO Academic Advisor Signature: ________________________________  Date: ________________________________

☐ YES, course(s) are applicable  ☐ NO, course(s) not applicable

Advisor Notes: ____________________________________________________________________________________________

Fin Aid Use Only: ________________________________  Date Processed: ________________________________
Enrollment: _______ @ UHWO + _______ @ _______ = _______  Total Credits:

CR  CR  Campus  Total Credits