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 30 days after the start of the semester in which you are concurrently enrolled. Late submittals will not be reviewed.

Indicate the semester & year of your concurrent enrollment: ☐ Fall _______ ☐ Spring _______

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 + _______ @ _______ = _______

CR CR Campus Total Credits

SS Office Use:

RRAAREQ _____ RPAAWRD _____ SFAREGF _____

An Equal Opportunity/Affirmative Action Institution