

SECTION III

To be completed by an academic official of other institution

certifies that it complies with the following conditions:

Name of Institution _____

- The student is enrolled in courses listed in **SECTION II** at _____ [Name of Institution] and that course names and number of credits are accurate.
- Florence-Darlington Technical College will be informed with (7) seven days of any change in enrollment status
- The student's attendance and grades will be monitored
- Grades will be provided at the end of the above term.
- Florence-Darlington Tech's Financial Aid Office will determine distribution of tuition refund.
- Tuition refunds will be returned to Florence-Darlington Technical College within 30 days.

Name of Institution _____

Signature of Official at Above Named Institution _____

Date _____

Signature of Business Manager at Above Named Institution _____

Date _____

When **Section III** has been completed, submit this form to the Financial Aid office of the above named institution for completion of **Section IV**.

SECTION IV

To be completed by Financial Aid Office of above named institution

So that Florence-Darlington Tech may determine eligibility and forward funds accordingly, the following information for the student listed on Page 1 must be provided. Please complete the following using your student budget for the enrollment period indicated in **Section II**, and your full-time academic year Pell Grant budget.

	Student Budget	Pell Budget
Tuition and Fees	\$	\$
Books and Supplies	\$	\$
Room and Board	\$	\$
Transportation	\$	\$
Miscellaneous	\$	\$
Total:	\$	\$

Financial Aid Officer Signature _____

Date _____

Please complete and return to Financial Aid Center

Revised 02.16.05