

## Transfer Monitoring Aid at Multiple Schools

Office of Student Financial Services  
P. O. Box 20036 • Houston, TX 77225  
(713) 500-3860 phone • (713) 500-3863 fax  
<https://www.uth.edu/sfs/>

Student ID

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Our office has received notice you may be receiving aid at another institution within the same academic year for which you are enrolled at our institution. In order to more accurately determine your financial aid eligibility, we are required to review your National Student Loan Data System (NSLDS) student aid history.

If you are receiving aid concurrently at another institution for the same award year, it may affect the aid you receive at our institution.

**Instructions:** Complete and submit the Transfer Monitoring/Aid at Multiple Schools form.

**Submit form using ONE of the following methods:**

1. Online: Log on to myUTH, click on To Do List item, select submit, and follow instructions.
2. In Person: UCT Building, 7000 Fannin, Suite 2220, Houston, TX 77030

### A. STUDENT INFORMATION

Student Last Name First Name Middle Initial

Student ID Number

Home Address

Student Phone Number

City State Zip Code

E-mail Address

### B. STUDENT ACKNOWLEDGEMENT

**Please read and initial each statement below:**

\_\_\_\_\_ I have requested my financial aid to be cancelled for the award year at \_\_\_\_\_ (college/university).

\_\_\_\_\_ I understand I can only receive aid at one college or university during each semester I am enrolled in at least half-time.

\_\_\_\_\_ I understand my aid will not disburse for the current term at this institution until my aid is cancelled at the other college/university.

\_\_\_\_\_ I understand I have 14 days to cancel my aid at the other college/university. If it is not cancelled within the 14 days, my aid at this institution will be cancelled.

\_\_\_\_\_ I understand if I have previously borrowed federal student loans, I may not be eligible to receive financial aid if: **1)** I have reached or exceeded the federal annual or lifetime aggregate loan limits **2)** I am not enrolled at least half-time for the term at this institution and/or **3)** If an overlapping loan period has occurred.

### C. CERTIFICATION AND SIGNATURE

By signing below, I acknowledge I have read and understand that should I fail to cancel aid at another institution while borrowing aid at this institution, my financial aid award may be delayed, cancelled or result in an over award of funds for which I am responsible for repaying.

Student Signature (**No electronic signatures accepted**)

Date