



Submission Deadline- fall 2008 August 1; spring 2009 January 2

NEVADA INTRA-SYSTEM ENROLLMENT REQUEST

Student Name: _____ Student ID: R# _____

Address: _____

No. Street Apt. City State Zip Code
University E-mail Address: _____ @unr.nevada.edu Phone: (_____) _____ - _____

I am modifying my enrollment to include coursework at **one other institution:**

Course Name And Number	Credit Hours	Host Institution (TMCC or WNCC)

Please check off each statement and answer the yes/no questions.

- I have read the policy and procedural information. I understand my responsibilities.
- My major is in one of the four University programs/majors (Interior Design, Early Childhood Education, Construction Sciences and some C&I majors) in which not all the required courses are taught at UNR. ___Yes ___No
- The coursework listed above is never offered by the University, but is required for my degree. ___Yes ___No
- If I drop or withdraw from the course(s) at the host, I will notify your Office promptly to be advised regarding the consequences, which may include a deficiency in meeting the University's definition for satisfactory academic progress, repayment of funds or losing future dual enrollment privileges.
- I have paid my fees in full at the host institution. I understand that any aid resulting from approval of this request will be disbursed after the end of add/drop at the *host institution*.
- Since my fees at the host institution are less than those at the University, my cost of attendance budget may increase or decrease; and therefore my award may be adjusted accordingly. Some aid programs and scholarships that you may have been offered at this University may not be available to less than full-time students.
- I must request an academic transcript from the host institution be sent to the Admissions and Records for evaluation and posting to my University academic record. I understand that Admissions and Records cannot guarantee how many credits will be accepted until evaluation has been completed.

Student Signature

Date

FOR OFFICE USE ONLY:

APPROVED PENDING

SSN: _____
PACK: Yes No

DENIED

FEES PAID: Yes No

FAO: _____

Date: _____

SECTION B: To be completed by the University advisor or other department official in the student's major.

Please check **one**:

I have recommended that the student take the course(s) listed in Section A at another NSHE institution. The department approves this coursework for the student's degree program for the following reason(s): _____

The student chooses not to take this course(s) at our University. The reason stated for this choice was: _____

Advisor's Signature: _____ Date: _____

Print Name: _____

E-mail Address: _____ Phone: (_____) _____ - _____

SECTION C: To be completed by a financial aid administrator at the host institution.

Please complete this student budget expense information:

Tuition and Fees	Room and Board	Books and Supplies	Other Mandatory Costs

Host Institution Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

I certify that this student will not receive financial aid while enrolled at our institution. If I became aware that the student has or is receiving scholarship money or other resources for their enrollment at our institution, I will immediately notify the Office of Student Financial Aid and Scholarships at the University of Nevada, Reno. I will further monitor the student's enrollment and notify the University when the student withdraws or drops credits within 10 business days of my becoming aware of the status change.

Name: _____ Title: _____

Signature: _____ Date: _____

E-mail Address: _____