



**Section III – To be completed by the Host School**

**Will the student receive financial aid at your institution?**     **yes**             **no**

**If “Yes” STOP.** Do not complete the remainder of this form. Please sign the form and return it to the student.

If “No” please complete the remainder of this form:

<b>Dates of Enrollment of under this Agreement-</b>	<b>Number of Weeks of Instructional Time-</b>
Tuition and Fees per credit hour	\$
Books and Supplies per credit hour	\$
Room and Board	\$
Transportation	\$
Personal	\$
Child Care	\$
<b>Total</b>	\$

Western Carolina University’s Office of Student Financial Aid will be notified by the Host School if the student withdraws or is dropped or purged from any classes taken under this Agreement.             **Yes**             **No**

<b>Host School’s Financial Aid Officer’s Signature</b>	<b>Printed Name</b>
<b>Telephone Number</b>	<b>Date</b>

**Please return this form to:**            **Western Carolina University**  
**Financial Aid Office**  
**118 Killian Annex**  
**Cullowhee, North Carolina 28723**

Comments:
