



WEST LIBERTY UNIVERSITY

Office of Financial Aid
208 University Drive
College Union Box 124
West Liberty, WV 26074

Phone: (304) 336-8016
Fax: (304) 336-8088
Email: finaid@westliberty.edu

Transient Study Agreement-Student Acknowledgment

Students wishing to utilize financial aid for courses they are taking as a transient student at another institution must complete all steps in this agreement. This includes courses taken during study abroad trips organized through affiliate corporations. **Students must also complete the [Transient Application](#) available through the Registrar's Office at West Liberty University.** For the purposes of this agreement, West Liberty University shall be considered the "home" institution, and as such, will be responsible for calculating awards, disbursing aid, monitoring satisfactory progress, keeping records, distributing funds, and monitoring any other eligibility requirements. Please refer to West Liberty University's catalog regarding these procedures.

Last Name First Name M.I.

WLU Student ID

Host Institution

Semester and Year of Agreement

BY SIGNING BELOW, YOU ACKNOWLEDGE THE FOLLOWING:

- I understand that aid can only be processed for the course(s) at the host institution which are transferable to complete one or more of my WLU degree requirements.
- I understand that federal aid can be used for approved transient courses; however, state aid and West Liberty University scholarships may be limited.
- I will notify WLU's Office of Financial Aid of any changes in my enrollment at the host institution or if I do not begin attendance.
- Eligible financial aid will be disbursed to first cover my charges from West Liberty University. If the disbursed aid exceeds my WLU balance, WLU's Business Office will process a refund either directly to me or to the parent borrower if a federal Parent PLUS loan is used.
- I am responsible for paying the host institution by their payment deadline, regardless of WLU's disbursement date.
- I authorize my host institution to release my enrollment, registration, tuition, fees, food/housing, books/supplies, and any other additional academic information to West Liberty University for the term specified in this agreement.
- **I understand that all forms must be completed and returned to WLU's Financial Aid Office prior to WLU's add/drop period for the specified semester.**

Signature: _____

Date: _____



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Transient Study Agreement-Academic Approval

Student must complete this form with their advisor. The advisor will then need to email the completed form to finaid@westliberty.edu.

Student Last Name

Student First Name

WLU Student ID

Advisor Last Name

Advisor First Name

Semester and Year of Agreement

Host Institution Name

Host Institution City/State

- Please list all course names and credits hours in which student will enroll at the host institution and the corresponding WLU course information.

Host Institution Course Name/Number	Credit Hours	WLU Course Name/Number	Credit Hours

BY SIGNING BELOW, YOU ACKNOWLEDGE THE FOLLOWING:

- WLU's Registrar's Office has an approved Transient Application on file for the above listed courses at the stated host institution for the specified term listed.
- The WLU course is a required course for the student's degree.
- The student has not received credit for the course previously.

Academic Advisor Signature: _____ Date: _____



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Transient Study Agreement-Consortium

Student must **ONLY** complete the top portion of this form. WLU's Office of Financial Aid will then send the Transient Study Agreement to the Host Institution on the student's behalf.

Last Name First Name M.I.

WLU Student ID

Date of Birth

Semester and Year of Agreement

Host Institution Name

Host Institution City/State

TO BE COMPLETED BY HOST INSTITUTION:

Course	# of credits	Course start date	Course end date	Please update this section if enrollment changes and provide an original invoice.	
				Drop/ Withdraw date	Did student attend course?

PLEASE LIST ACTUAL CHARGES, NOT ESTIMATES:

Tuition	Fees	Housing and Food	Books and Supplies	Total

BY SIGNING BELOW, YOU ACKNOWLEDGE THE FOLLOWING:

- The above information is accurate as of the date this form is signed.
- I will notify West Liberty University of any changes in the student's enrollment status.

Host Institution Signature: _____ Date: _____

Printed Name: _____ Title: _____