University of Hawaii-Leeward Community College, Financial Aid Office
96-045 Ala Ike Street, Pearl City, HI 96782, Phone: 808 455-0606, Fax: 808 454-8804
Website: www.lcc.hawaii.edu/finaid
Visit the MyUH portal at https://myuhportal.hawaii.edu for additional financial aid information

DISTANCE EDUCATION/CONCURRENT REGISTRATON

_____ _____ _____ _____
(Print) Last Name First Student ID # Semester

Student, please initial to indicate you have read and understood policy.

____ The student must see an academic advisor for approval (for courses listed below)
____ The student must be seeking a degree from Leeward Community College (LCC). Must declare LCC as their home institution.
____ The student must be enrolled for a minimum of six credits at LCC.
____ The student must show proof of payment for classes enrolled in at the other campuses. Financial aid from LCC will not cover the costs of tuition at another campus. The student is responsible for any tuition or fee charges required at the other campus by the other campus's tuition payment deadline. ***(Please attach proof of payment)***
____ The student is responsible for informing LCC of any changes in enrollment. (i.e. Withdrawals, Adds, and/or Drops)
____ If student receives a tuition Waiver or HSIG, it will not cover the tuition charges at any other institution.
____ Grades earned at other campuses will be considered in our academic progress calculation.
____ **At the end of the semester, the student MUST submit a request to each college they were attending to have their credits transferred to Leeward Community College.**

NOTE: *Any additional financial disbursements will not be processed until credits have been transferred to Leeward Community College.*

Student Signature _____ Date _____

This section to be completed by LCC Counselor (attach advising document):

Number of credits enrolled at LCC for this semester _____
Credits Enrolled

Distance Education/Concurrent Enrollment Information:

1. _____ _____ _____ course enrolled at: _____
Course Alpha *Course No.* *Credits(s)* *Community College*

2. _____ _____ _____ course enrolled at: _____
Course Alpha *Course No.* *Credits(s)* *Community College*

3. _____ _____ _____ course enrolled at: _____
Course Alpha *Course No.* *Credits(s)* *Community College*

4. _____ _____ _____ course enrolled at: _____
Course Alpha *Course No.* *Credits(s)* *Community College*

I certify that the course(s) listed above are applicable towards the above student's degree requirements and are transferable to Leeward Community College.

_____ _____ _____ _____
Print Counselor's Name *Counselor's Signature* *Phone #* *Date*

Note to Counselors: ***Please keep a copy of this form for your records in event that the student's file is audited.***