



**Section 2. To be completed by Secondary Institution**

The student who is requesting you to complete this section is applying for and would like to receive federal financial aid at Cal State LA under a consortium agreement with your institution. Please provide the following information:

Is the student currently registered at your institution for the classes listed in Section 1?

Yes       No

Please indicate the Academic Year for which the student is enrolled in the courses listed in Section 1: \_\_\_\_\_

Please indicate start and end dates for the term in which the student is enrolled for the courses listed in Section 1. These dates must be "in line" or parallel with the start and end dates at the Primary Institution.

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy)

Secondary Institution Certification:

I certify that the student is enrolled in the course(s) referenced above and is not receiving Title IV Federal or State financial aid (excluding California College Promise Grants) from this institution.

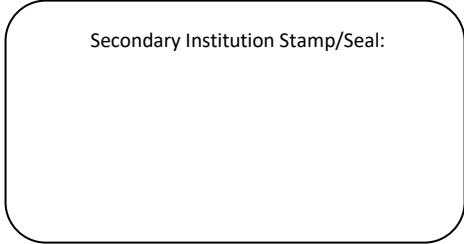
Visiting Campus Name and Address: \_\_\_\_\_

Name of certifying official: \_\_\_\_\_

Signature of certifying official: \_\_\_\_\_

Title of certifying official: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_



**Section 3. To be completed by Cal State LA, Admissions Office**

I certify that the courses listed in Section 1, which will be taken at the Secondary Institution, are transferrable to Cal State LA, and may be applied to degree progress as allowable per Cal State LA's University academic policy.

Name of certifying official: \_\_\_\_\_

Signature of certifying official: \_\_\_\_\_

Title of certifying official: \_\_\_\_\_ Date: \_\_\_\_\_