PER-TERM STUDENT DECLARATION OF DUAL ENROLLMENT AT
ROGUE COMMUNITY COLLEGE AND SOUTHERN OREGON UNIVERSITY

Student’s Name (print)_______________________________ Student ID#_______-_______

IF YOU INTEND TO PURSUE CONCURRENT ENROLLMENT AT RCC AND SOU LEADING TO A
DEGREE/CERTIFICATE/TRANSFER PROGRAM AND WISH TO HAVE YOUR COMBINED CREDIT
LOAD EVALUATED FOR AID ELIGIBILITY, READ, COMPLETE AND SIGN THE INFORMATION
BELOW PRIOR TO TERM PAYMENT. OTHERWISE, RCC WILL PAY AID AFTER THE THIRD WEEK
OF THE TERM BASED ONLY ON RCC CREDITS:

I am admitted to and am pursuing a degree/certificate/transfer program at RCC............................................... [ ]Yes
(Passed the placement test or received a placement test waiver)

I will maintain at least the minimum required credit load (6 of 12+, 5 of 9-11, 3 of 6-8, 1 of 1-5) at my home
Institution, which is RCC. ..................................................................................................................... [ ]Yes

I will enroll only in credits that lead to completion of the program that I declare as my major. .......................[ ]Yes

I understand that it is AGAINST FEDERAL LAW to accept federal financial aid from BOTH institutions in the
same academic term for ANY reason. ................................................................................................... [ ]Yes

I understand that, in general, the administrative policies of my home institution will be used when
processing/monitoring my file (exception: refund on partial withdrawal). ........................................... [ ]Yes

I understand that to be eligible for student employment, a student loan or a deferment on prior educational loans,
I must generally maintain at least half-time enrollment at my home institution. ........................................[ ]Yes

To the best of my knowledge, I anticipate to concurrently enroll in the following number of credits for the following
academic term:

<table>
<thead>
<tr>
<th>TERM</th>
<th>SCHOOL YEAR</th>
<th>RCC</th>
<th>SOU</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring</td>
<td>2009/10</td>
<td>8</td>
<td>4</td>
<td>12</td>
</tr>
</tbody>
</table>

Complete: _______ + _______ = _______

Note: To receive financial aid from RCC based on enrollment in both institutions, submit this form at the
beginning of each concurrently enrolled term during the school year (Summer through Spring).

By signing this form, I am authorizing the release of information between institutions necessary to service my financial
aid application. I acknowledge my continued responsibility to ensure that the information on which my aid is based is
complete and accurate to the best of my knowledge and that I will notify my home institution, in writing, immediately
when any change occurs.

Signature____________________________________________ Date _____/_____/_____

Approved RCC (SWH) 06/06/01