



California State University SAN MARCOS

Financial Aid and Scholarships Office

Tel: 760.750.4850

Fax: 760.750.3047

www.csusm.edu/finaid

2016-2017 Proof of Financial Aid Awards

Student Name: _____ Student ID: _____

This form is to request a letter documenting all grant, scholarship, and/or loan funds for which I may be eligible during the semester(s) indicated below. Financial aid eligibility is subject to change based on eligibility criteria.

Please allow at least 5 business days for this form to be processed. Letters needed for future programs will be processed with the assumption that the student will be enrolled in 12 units unless otherwise specified.

For what purpose is this letter needed:

Study Abroad Program

Chancellor's IP CSU Exchange Outside Program **(additional documentation will be required, see Financial Aid Office)**

Country _____ Host International University _____

Fall 20 _____ Spring 20 _____ Fall & Spring 20 _____ / 20 _____ Summer 20 _____

Intrasystem Visitor (semester at another CSU)

*A letter for this purpose requires that you submit a copy of your [Intrasystem Concurrent or Visitor Enrollment Form](https://www.csusm.edu/enroll/allforms/csu) along with this request. <https://www.csusm.edu/enroll/allforms/csu>

Other CSU Campus: _____

Fall 20 _____ Spring 20 _____ Fall & Spring 20 _____ / 20 _____ Summer 20 _____

(most types of aid require a 6 unit min)

Application Fee Waiver for another college or university

Pick up Emailed as PDF to CSUSM or personal email Send to (Provide Contact):

Choose one of the following:

Fax (provide number): _____ Email (provide email): _____ Mail (provide address): _____

Graduate School Test Fee Reduction/Waiver (GRE, GMAT, LSAT, MCAT, etc.)

Current Student

Previous Student **(Must have filled a current FAFSA and submit a Student Aid Report (SAR) with this request)**

Prospective Student **(Must have filled a current FAFSA and submit a Student Aid Report (SAR) with this request)**

Student Signature _____ Date _____