

Financial Aid and Scholarships *California State University, Los Angeles*5151 State University Drive, SSB 2330
Los Angeles, CA 90032-8402
Phone: (323) 343-6260

Aid Coordination Form

Section A. Student Information	l.	
Last Name	First Name	CIN
Section B. Department Award	nformation	
Scholarships office. Federal Student Aid prevent potential overpayments based university's reasonable estimate of the transportation, personal expenses, boo	I regulations require the Financial on the student's cost of attendar student's educational expenses for ks, supplies, and other related co bans and/or federal work-study) b	tudents attending Cal State LA must be reported to the Financial Aid and all Aid and Scholarships Office to adjust or cancel a student's other aid to nce for the academic year. "Cost of attendance" or "COA budget" refers to the for one academic year, including tuition, fees, housing, meal plan, osts. In accordance with FSA regulations, Financial Aid and Scholarships is before adjusting gift aid. More information regarding the Aid Coordination is
		ne Aid Coordination Form and submit to the Scholarships Unit at ed by students will not be processed by Financial Aid and Scholarships.
	form will result in delays to disbu form will need to be submitted v	ursements and/or refunds to the students. Incomplete forms will be returned when all issues are resolved.
Submit the form a minimum	of 4 weeks before the check issua	ance date to allow time for processing by Financial Aid and UAS.
Aid Coordination Forms subm	nitted after the term or academic	year has ended may not be processed by Financial Aid and Scholarships
 Financial Aid and Scholarship designee of any issues. 	s will confirm the student's eligibi	ility to receive the award and notify Authorizing Official or Department
Each department is responsible.	ole for verifying student eligibility	for grant funding
Section C. Award Information		
Type of Request	New Award Rev	evision to initial award (check all that apply):
Decrease to initial award offer	ed Change to P	Project ID Number
Increase to initial award offere	d Change to n	name of award
Payment authorized as follows:		
Name of Award:		Project ID Number:
Please check this box to confirm	n that you verified the studen	nt is enrolled and eligible for funds during term awarded
Total Award Amount:		
		Page 1 of 2

			Stipend Payment		
Department Name:Name of authorizing official (please print):					
				gnature of authorizing department official:	
	Financial Aid Office Use	Only			
Incomplete	Not CSU Student	FA Initials	Date		
			Date		
	se print):ent official:	#Registration F Ge print): Pent official: Financial Aid Office Use of the complete Not CSU Student	#Registration Fees" #Registration Fees" #Registration Fees" ##Registration Fees" ##R		