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UCSC Student's ID /Account
Number (Do not use CRUZ ID)

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UCSC Student's Last Name

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First Name

2020 Intercampus Summer Session Financial Aid Application

This form must be completed in its entirety. Any information left blank could delay your financial aid. Please print clearly. The application deadline is June 1, 2020.

Students participating in the Intercampus Summer Session Program, must complete this application. Your eligibility for aid will be determined based on the number of credits you enroll in. **You will not be awarded aid until your enrollment is confirmed. Please provide proof of enrollment with this form.**

☐ On Campus ☐ Off Campus ☐ With Parent/Relative

Campus(es) you plan to attend during Summer 2020 (check all that apply):

☐ UC Davis ☐ UC Berkeley ☐ UC Los Angeles ☐ UC San Diego ☐ UC Santa Cruz
☐ UC Irvine ☐ UC Merced ☐ UC Riverside ☐ UC Santa Barbara

Is this an Education Abroad Program? ☐ yes ☐ no If yes, what country? _____

Complete all sections below:

Session #	Start & End Date	Course #	Course Title
<i>Example: A</i>	<i>6/12-7/21</i>	<i>100W</i>	<i>Interdisciplinary Academic Writing</i>

READ CAREFULLY!

Any outstanding charges not covered by my financial aid are my responsibility.

I acknowledge that as a UCSC student attending another UC campus during Summer 2020, my financial aid will be disbursed to me no earlier than 10 days before the start of the Summer Session for which I am enrolled. **It is my responsibility to pay any outstanding charges with my financial aid at the campus I will be attending during summer 2020.**

I understand I must be enrolled in a minimum of 6 credits (for undergraduates) or 5 credits (for graduates) to receive Summer financial aid funding.

If there is a prior debt on my UCSC account, Summer aid may be applied toward that debt before I receive a refund. Completing an Intercampus Summer Session Financial Aid Application does not guarantee my eligibility for financial aid during the Summer. I am responsible for paying any and all fees not covered by my financial aid.

I understand that my financial aid will be reduced/canceled if my enrollment changes. (A student is not eligible for financial aid if enrollment drops below 6 credits for undergraduates and 5 units for graduates.) I will be required to repay any financial aid I received if my enrollment for summer drops below half time.

Student Signature _____ Date _____

Address _____

Phone _____ E-mail _____