

Summer Institutes Financial Aid Agreement for Non-UCLA Students

Please submit a signed copy of this agreement and official documentation from your home institution showing that you are receiving financial aid for your UCLA Summer Institute program. All documents must be submitted to the UCLA Summer Sessions Office by May 1.

As a non-UCLA student, I must seek financial aid from my home institution. I realize that it is my responsibility to determine whether financial aid is available from my home institution and to satisfy the financial aid requirements and deadlines set forth by home institution.

I understand and acknowledge that UCLA Summer Sessions will extend my payment deadline upon receiving this signed agreement and official documentation from my home institution showing my financial aid status for the UCLA Summer Institute program that I am enrolled in. I also understand and acknowledge that any decision to cancel my enrollment must be made by the refund deadline of June 15 (or May 15 if enrolled in the Traditional Animation Summer Institute). Unless I officially drop the program by the refund deadline, I will be held liable for the full program fee and will accept full financial responsibility. I understand that the registration fee is nonrefundable even if I withdraw by the refund deadline. Full payment must be made at least 10 days prior to my Summer Institute program start date. Failure to do so will result in enrollment cancellations, holds on student records, and collection actions.

If extenuating circumstances cause me to cancel my participation after the refund deadline, I will contact the UCLA Summer Sessions Office immediately in writing at info@summer.ucla.edu. Note, exceptions are rarely granted, and program fee penalties may still apply.

By signing this agreement, I understand and agree to all its terms and conditions.

Last Name, First Name (Print)

Name of Financial Aid Advisor

Registration/UCLA University ID Number

E-mail Address of Financial Aid Advisor

Name of Summer Institute

Telephone Number of Financial Aid Advisor

Signature

Name of Home Institution

Date