



Financial Aid and Scholarship Services

Student Services Center, 525 Buena Vista SE

Albuquerque, NM 87106

(505)224-3090, Fax (505)224-3124

2013-2014 Financial Aid Transfer Form

Name (print) _____ Birthdate: _____ CNM ID# _____

If you have received aid at another school this academic year, CNM will require that you cancel your aid at the other school before any aid can be awarded here. However, canceling aid at another school does not automatically guarantee aid eligibility at CNM.

If you plan on returning to your previous school immediately after attending one term at CNM, your best option for financial aid is to ask about a Consortium Agreement through your previous school.

Students can receive financial aid at only one institution at a time. You may be ineligible for aid at CNM based on the amounts of aid received elsewhere.

Please read the instructions carefully. If you did not attend any other college or university during the 2013-2014 academic year, sign and date Section I and return this form to our office. If you are transferring from another college or university, complete Section II.

Section I - To be completed by the student.

I certify that I did not attend any other colleges or universities during the 2013-2014 academic year. I understand that if I receive financial aid at Central New Mexico Community College, and it is discovered that I received aid at another school, then my aid will be canceled and I will be responsible for the resulting charges.

Student Signature: _____ Date: _____

Section II - To be completed by the Financial Aid Office at the institution you are transferring from

Send this form to the Financial Aid Office of the university from which you transferred. A delegated official at your previous university should complete the section below for the 2013-2014 academic year. **You may submit this form in person, fax it to (505) 224-3124, or scan and email it to financialaid@cnm.edu.** Emailing is the preferred method.

Institution transferring from: _____

Institution official's Name (preparer): _____

Institution official's Phone # (preparer): _____

Institution official's Email address (preparer): _____

Previously paid **Pell Grant** for the 2013-2014 aid year: _____

Previously paid **subsidized** loans for the 2013-2014 aid year: _____

Previously paid **unsubsidized** loans for the 2013-2014 year: _____

Comment Area (if needed): _____

Institution Official's Signature _____

By signing this form, you are certifying that all future disbursements have been canceled and the above listed financial aid is correct.