

Authority to Transfer Funds

Institutions participating in a combination of state grants and Texas College Work-Study (TCWS) or Work-Study Student Mentorship Program (WSMP) may transfer up to 10% of the institution's total annual program allocation or \$20,000 (whichever is less) between programs in a given fiscal year.

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TO BE COMPLETED BY THE FINANCIAL	AID DIRECTOR AT THE REQU	JESTING INSTITUT	TION.		
Institution Name:				FICE Code:	Date:
Director of Financial Aid Name:		Phone:			
Email:					
TRANSFER DETAILS (SELECT ONE OPTIO	ON)				
Option A:	Option B:				
Transfer from a State Grant to TCWS or WSMP		Transfer from TCWS or WSMP to a State Grant			
TRANSFER REQUEST					
From:	Allocation:	10%			
Transfer From					
То:	Transfer Amount: (10% OF THE PROGRAM ALLOCATION OR \$20,000, WHICHEVER IS LESS) FY:) FY:
Transfer To					
CERTIFICATION: I HEREBY REQUEST AL	JTHORIZATION TO TRANSFE	R THE AMOUNT T	O THE	PROGRAM INDICATE	D.
Financial Aid Director Signature			Date:		
A NOTIFICATION W	ILL BE SENT TO THE FINANCIAL	AID DIRECTOR ONC	CE A DEC	CISION HAS BEEN MADE	
SUBMISSION					
To send the completed form:					
 Click the SUBMIT button An automatic email notification we the completed form Add the six-digit FICE code_AuthT Example: 012345_AuthT Click the SEND button to submit the contact Reason). 	oject line	allo Forr be r	FE: Compatibility issues with with electronic version of to the sent using manually completed, scanne Operations@thecb.state.tx.	his form to be submitted. If the SUBMIT button should If and emailed to	
To Be Completed by the THECB:			IAS	Operations & theco.state.cs.	<u>us.</u>

To be completed by the TTLeb.					
FINANCIAL AID SERVICES (For Internal Use Only)					
Transfer Approved:		Transfer Denied:			
From:	То:	Reason:			
Amount	10% of Allocation:				
Signature of Authorized Official:			Date:		