



Authority to Transfer Funds

Institutions participating in a combination of state grants and Texas College Work-Study 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.

TO BE COMPLETED BY THE FINANCIAL AID DIRECTOR AT THE REQUESTING INSTITUTION.

Institution Name:		FICE Code:	Date:
Director of Financial Aid Name:		Phone:	
Email:			

TRANSFER DETAILS (SELECT ONE OPTION)

Option A: Transfer from a State Grant to Texas College Work-Study	Option B: Transfer from Texas College Work-Study to a State Grant
--	--

TRANSFER REQUEST

From: Transfer From	Allocation:	10%
To: Transfer To	Transfer Amount: (10% OF THE PROGRAM ALLOCATION OR \$20,000, WHICHEVER IS LESS)	FY:

CERTIFICATION: I HEREBY REQUEST AUTHORIZATION TO TRANSFER THE AMOUNT TO THE PROGRAM INDICATED.

Financial Aid Director Signature	Date:
----------------------------------	-------

A NOTIFICATION WILL BE SENT TO THE FINANCIAL AID DIRECTOR ONCE A DECISION HAS BEEN MADE.

SUBMISSION

To send the completed form:

- Click the **SUBMIT** button
- An automatic email notification will open in a new window with an attached copy of the completed form
- Add the **six-digit FICE code_AuthTransferFunds_FY20XX** in the subject line
 - Example: 012345_AuthTransferFunds_FY2019
- Click the **SEND** button to submit the form

For questions, please contact Financial Aid Services at (844) 792-2640 or send a website inquiry through [CONTACT US](#) (Select "Financial Aid Question" as the **Contact Reason**).

NOTE: Compatibility issues with certain browsers may not allow the electronic version of this form to be submitted. Forms that cannot be sent using the **SUBMIT** button should be manually completed, scanned and emailed to FASOperations@theccb.state.tx.us.

To Be Completed by the THECB:

FINANCIAL AID SERVICES (For Internal Use Only)

Transfer Approved:		Transfer Denied:	
From:	To:	Reason:	
Amount	10% of Allocation:		
Signature of Authorized Official:			Date: