



California Institute of Integral Studies

THERAPY VERIFICATION FORM

Student's Legal First Name

Student's Legal Last Name

Student ID

Therapist Name

Therapist address

Therapist license #

Therapy Cost/hour

_____ to _____
Start date End date

Frequency of visits/week

Please submit the following documents with your completed form :

- Therapist note on letterhead with the above information
- Acceptable proof of payment : copy of endorsed check (front and back); if check not endorsed, also provide copy of bank/credit card monthly statement(s); signed statement from therapist if paid in cash

By signing the front of this form, you are agreeing to the following terms and conditions:

- I understand that I am only allowed to submit the application and supplementing documents ONCE PER SEMESTER. Any subsequent submissions, whether or not they are an addendum to the initial submission, will be processed the following semester I am eligible for federal student aid.
- I understand that the financial aid office reserves the right to ask for clarification or further documents from me pertaining to this application.
- I understand that I am responsible for the timely submission and organization of my documents for the efficient processing of my application by the financial aid office.
- I understand that if I have already started my therapy sessions that I am required to provide valid/acceptable proof of payment for said sessions when turning in my application. I am responsible for providing all proof of payment for sessions I have already rendered and would like to be considered with my application and that any missing proof of payment will not be processed until the following semester I am eligible for federal student aid.
- I understand that, once I have exhausted my Stafford Loan eligibility, I must apply and be approved for an additional loan (i.e. Federal Graduate PLUS Loan) which requires a credit check from the lender, Department of Education.
- I understand that if I provide false information, the Financial Aid Office reserves the right to cancel this form and make any necessary adjustments to my account.
- I understand that I have to be eligible for federal student aid and be registered at least half-time during the semester I would like to receive a disbursement of this request.
- I understand that I have to submit all forms and meet all requirements by ____ (fall), ____ (spring), ____ (summer) if I would like to receive the disbursement during the semester I submit this application.
- I understand MCP programs allowed a maximum of **\$75/session**; and PsyD is allowed **\$80/session**.

By submitting this form I certify the information provided is complete and true to the best of my knowledge and I agree to inform the Financial Aid Office as soon as I am aware of changes.

Signature (must be hand-written is required)

Date

If you have any questions about the above terms and conditions, feel free to contact our office at:

Financial Aid Office

1453 Mission Street, San Francisco, CA 94103

Fax : 415-575-1268, Phone : 415-575-6148

finaid@ciis.edu