LOUISIANA STUDENT FINANCIAL ASSISTANCE COMMISSION OFFICE OF STUDENT FINANCIAL ASSISTANCE

Student Financial Aid Bulletin

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TOPICS: File Format Layout Changes for Go Grant and Dual Enrollment and

clarification on questions raised for both Go Grant and Dual Enrollment

This bulletin outlines changes in procedure for both the Go Grant and Dual Enrollment programs. The Louisiana Office of Student Financial Assistance appreciates the input you have provided and has made adjustments accordingly in an effort to better serve students and assist institutions in administration of the programs. Changes to file layouts, field definitions and tips to avoid common payment processing errors follow.

Dual Enrollment

Web portal and programming have been enhanced to allow batch submission in time for the next scheduled portal opening. Reservations for Batch filers will no longer be necessary. Those making portal entries for students directly onto the portal will, at this time, have to continue to make reservations. The file format for batch is as follows:

Payment Request File for Dual Enrollment

FROM	TO	LGTH	TYPE	FIELD NAME	FIELD DESCRIPTION	FORMAT
1	9	9	Numeric	PTSSN	SOCIAL SECURITY NO.	123456789
10	15	6	Alpha	PTTERM	TERM	1S2008 for Semester or 1T2008 for Term
16	24	9	Numeric	PTCOLLIDNU	COLLEGE CODE	ex:002010000
25	32	8	Numeric	PTPMTREQDT	PAYMENT REQUEST DATE	YYYYMMDD
33	34	2	Numeric	PTENRHRS	ENROLLED HOURS	ex: 12
35	50	16	Alpha	PTLNAME	LAST NAME	ex: SMITH
51	62	12	Alpha	PTFNAME	FIRST NAME	ex: JOHN
63	63	1	Alpha	PTMIDINT	MIDDLE INITIAL	ex: D
64	66	3	Alpha	PTSUFFIX	NAME SUFFIX	ex: JR
67	74	8	Numeric	PTSTUDOB	DATE OF BIRTH	YYYYMMDD
75	80	6	Alpha	PTACTCODE	ACT HIGH SCHOOL CODE	ex: 190625
81	82	2	Alpha	PTGRDLVL	GRADE LEVEL	11 or 12
83	83	1	Alpha	PTCOURSE	COURSE TYPE	<pre>C = College Degree Course, W = Work Skills Course, or E = Enrichment/Development</pre>

Payment Roster for Dual Enrollment

FROM	TO	LGTH	TYPE	FIELD NAME	FIELD DESCRIPTION	FORMAT
1	9	9	NUMERIC	PESSN	SOCIAL SECURITY NUMBER	123456789
10	15	6	ALPHA	PETERM	TERM	1S2008 for Semester or 1T2008 for Term
16	24	9	NUMERIC	PECOLLCD	COLLEGE CODE	ex: 002010000
25	32	8	NUMERIC	PEPMTREQDT	PAYMENT REQUEST DATE	YYYYMMDD
33	40	8	NUMERIC	PEPRCSDT	PROCESS DATE	YYYYMMDD
41	45	5	NUMERIC	PEPMTAMT	ACTUAL PAYMENT AMOUNT	ex: 00500 or -0500
46	47	2	NUMERIC	PEENRHRS	ENROLLED HOURS	ex: 12
48	49	2	NUMERIC	PEHRSPD	PAID HOURS	ex: 12
50	51	2	ALPHA	PEPROGTYPE	PROGRAM CODE	DE'
52	62	11	ALPHA	PEVERFNUM	VERFICATION NUMBER	ex:'1234567891' or 'OSFB- 123ABC'
63	78	16	ALPHA	PELNAME	LAST NAME	ex: SMITH
79	90	12	ALPHA	PEFNAME	FIRST NAME	ex: JOHN
91	104	14	ALPHA	PEINVNUM	INVOICE NUMBER	ex: 002010070756
105	106	2	ALPHA	PEERRCODE	ERROR CODE COMMENTS	*See attached listing
107	146	40	ALPHA	PEERRTEXT	ERROR CODE COMMENTS TEXT	*See attached listing

^{*} The Error Code Comment List is at the end of this document and contains error codes for both programs.

Errors Being Reported

- Institution personnel should take caution when entering High School ACT codes. Entering an invalid ACT code will result in an error and reject the payment request.
- To prevent a rejection of payment due to an invalid ACT high school code, review all entries prior to submission.
- In the event a reject does occur due to an ACT error, it is the school's responsibility to contact Special Programs staff to give the corrected information which will allow Special Programs staff to correct the error and set the record to reprocess.

Preventing Future Issues

LOSFA is recommending DU not be used to identify high school students participating in the Dual Enrollment Program. Following high school graduation, if a student becomes a TOPS recipient who then becomes Dually Enrolled at two separate institutions, the DU used prior to high school graduation creates processing issues. Billing requests for TOPS will reject and prevent these students from processing normally through LOSFA TOPS programming.

Go Grant

It has been recognized that some schools have programs of study that may result in a student being eligible for full time Go Grant funds even though they are enrolled for less than twelve hours. These students are regarded as Program Full Time. Because of this population it is necessary to make changes on both the sending and receiving file format layouts. The Program Full Time field has been added to the end of the file.

Note: Files submitted beginning November 6th must be in the new format.

In addition to the Program Full Time field, schools should be aware that LOSFA has added an additional character to the pay amount field. The extra character space is to allow LOSFA Special Programs staff to enter a negative sign for reversal of a payment request made in error by an institution. When receiving the payment/error file from LOSFA, institution personnel responsible for downloading should watch for this as the payment amount field is in the middle of the data string.

Payment Request for GO Grant

	ayment request for 30 Grant					
FROM	TO	LGTH	TYPE	FIELD NAME	FIELD DESCRIPTION	FORMAT
1	9	9	Numeric	PTSSN	SOCIAL SECURITY NUMBER	123456789
10	15	6	Alpha	PTTERM	TERM	1S2008 for Semesters & 1T2008 for Terms
16	24	9	Numeric	PTCOLLIDNU	COLLEGE CODE	2010000
25	32	8	Numeric	PTPMTREQDT	PAYMENT REQUEST DATE	YYYYMMDD
33	36	4	Numeric	PTREQAMT	PAYMENT REQUEST AMOUNT	Integer; (ex: 1000)
37	38	2	Numeric	PTENRHRS	ENROLLED HOURS	Ex: 12
39	42	4	Numeric	PTECGAMT	ECG AMOUNT	Integer; (ex: 2013)
43	43	1	Alpha	PTOVER	OVER AWARD	"Y" = Yes or "N" or Blank = No
**44	44	1	Alpha	PTPGMFT	PROGRAM FULL TIME	"Y" = Yes or "N" or Blank = No

^{**}New field

Payment Roster for GO Grant

FROM	TO	LGTH	TYPE	FIELD NAME	FIELD DESCRIPTION	FORMAT
1	9	9	NUMERIC	PESSN	SOCIAL SECURITY NUMBER	123456789
10	15	6	ALPHA	PETERM	TERM	1S2008 for Semester or 1T2008 for Term
16	24	9	NUMERIC	PECOLLCD	COLLEGE CODE	ex: 002010000
25	32	8	NUMERIC	PEPMTREQDT	PAYMENT REQUEST DATE	YYYYMMDD
***33	37	5	NUMERIC	PEREQAMT	PAYMENT REQUEST AMOUNT	ex: 01000 or -1000
38	45	8	NUMERIC	PEPRCSDT	PROCESS DATE	YYYYMMDD
***46	50	5	NUMERIC	PEPMTAMT	ACTUAL PAYMENT AMOUNT	ex: 00500 or -0500
51	52	2	NUMERIC	PEENRHRS	ENROLLED HOURS	ex: 12
53	56	4	NUMERIC	PEECGAMT	ECG AMOUNT	ex: 2013
57	57	1	ALPHA	PEOVER	OVERAWARD	"Y" = Yes or "N" or Blank = No
58	59	2	ALPHA	PEPROGTYPE	PROGRAM CODE	GG'
60	70	11	ALPHA	PEVERFNUM	VERFICATION NUMBER	ex:'1234567891' or 'OSFB-123ABC'
71	86	16	ALPHA	PELNAME	LAST NAME	ex: SMITH
87	98	12	ALPHA	PEFNAME	FIRST NAME	ex: JOHN
99	112	14	ALPHA	PEINVNUM	INVOICE NUMBER	ex: 002010070756
113	114	2	ALPHA	PEERRCODE	**ERROR CODE COMMENTS	See attached listing
115	154	40	ALPHA	PEERRTEXT	**ERROR CODE COMMENTS TEXT	See attached listing
155	155	1	ALPHA	PEPGMFT	PROGRAM FULL TIME	"Y" = Yes or "N" or Blank = No

^{***} Fields 33-37 and 46-50 have been changed to allow for the negative sign in payment reversals. Adjust your file accordingly.

Error Code Comment List for both Dual Enrollment and Go Grant

Error Code	Error Text
FF	NO FAFSA FOR TERM YEAR
DB	DUPLICATE PAYMENT REQUEST
S1	SSN FORMAT ERROR
T1	TERM NUMBER OUT OF RANGE (< 1 OR > 4)
T2	TERM MUST CONTAIN T OR S
Т3	TERM YEAR FORMAT ERROR
C1	COLLEGE CODE FORMAT ERROR
P1	PMT REQUEST DATE FORMAT ERROR
R1	REQUESTED AMOUNT FORMAT ERROR
E1	ENROLLED HOURS FORMAT ERROR
G1	ECG FORMAT ERROR
V1	OVERAWARD FORMAT ERROR
CO	COLLEGE NOT ON FILE
CT	INVALID COLLEGE TYPE
TC	MAX TERMS PAID FOR YEAR
AC	MISSING PAYMENT AMOUNT RECORD
XS	SEMESTER MAXIMUM AWARD MET
XY	YEAR MAXIMUM AWARD MET
XL	LIFETIME MAXIMUM AWARD MET
ER	PAYMENT ERROR
LF	PAID - PAY REQ < MAX FOR FULL TIME-NO OA
LH	PAID - PAY REQ < MAX FOR HALF TIME-NO OA
LP	PAID - PAY REQ < MAX FOR PART TIME-NO OA
OL	PARTIAL PMT - LIFETIME MAX MET
OY	PARTIAL PMT - ANNUAL MAX MET
OS	PARTIAL PMT - SEM/TERM MAX MET
HF	PARTIAL PMT - REQ MORE THAN FULLTIME AMT
HH	PARTIAL PMT - REQ MORE THAN HALFTIME AMT
HP	PARTIAL PMT - REQ MORE THAN PARTTIME AMT
E2	REQUESTED MORE THAN 21 HOURS
SO	MAX PMT REQUESTED WHEN OA FLAG SET - SEM
ST	MAX PMT REQUESTED WHEN OA FLAG SET - TRM
A1	PROBLEM WITH ACT CODE
L1	GRADE LEVEL FORMAT ERROR
F1	VERIFICATION NUMBER FORMAT ERROR
M1	PROGRAM TYPE FORMAT ERROR
I1	COURSE FORMAT ERROR
NH	HOURS ENROLLED = ZERO
HM	PAID-ENR HRS > 3; PAID 3 HOURS
PP	PGM ERR-PMT CALC OUT OF VALID RANGE
B1	DATE OF BIRTH FORMAT ERROR
01	COURSE LEVEL MUST = W, E, OR C
D1	GRADE LEVEL MUST = 11 OR 12
CC	PMT REQ FR 2ND COLL NOT ALLOWED FOR TERM
PF	PROGRAM FULL TIME FORMAT ERROR
HX	TTL FOR TERM EXCEEDS FULL TIME AMOUNT
HY	TTL FOR TERM EXCEEDS HALF TIME AMOUNT
HZ	TTL FOR TERM EXCEEDS PART TIME AMOUNT

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