

STUDENT CONSORTIUM AGREEMENT

Term _____ Academic Year _____

Student Name _____ Social Security Number _____

Address (street, city, state, zip) _____ phone number _____

Instructions to student. You must complete this form for each term of the consortium agreement.

1. To allow your financial aid budget to be calculated, fill in the number of credits you will take (or have taken) during the current academic year at each school in the consortium:

School	credits fall	credits spring	credits summer

2. List the classes in which you are enrolled for the **current** term. Have the professor of each class sign verifying that you have attended at least one class session.

Class	Credits	Index #	School	Professor's Signature	Date	OFFICE USE ONLY

3. TERMS OF AGREEMENT: I hereby certify that I am admitted and am working toward a degree or certificate in _____ at _____, and that the courses listed above will apply to that program. I recognize that I must maintain satisfactory academic progress. I authorize the schools listed above to furnish the other listed schools with all information (including grades, attendance information, etc.) relevant to the administration of financial aid. I hereby agree to immediately notify the Financial Aid Office of all involved institutions should I make a course change or withdraw before the end of the term. I recognize that it is my specific and exclusive responsibility (whether I receive financial aid or not) to pay all tuition, fees, and other charges for the courses for which I register when they fall due.

Student Signature

Date

4. Submit this form together with a billing statement (showing you are enrolled) from each participating school to your LOCAL Financial Aid Office. Your local Financial Aid Office will explain how your aid will be disbursed.

OFFICE USE ONLY

Student has submitted proof of enrollment in above courses. _____ Signature, Participating School Financial Aid Administrator
Participating schools verify they ARE NOT providing financial aid for above term. Fax completed form to Disbursing School

Student is enrolled in above degree/certificate program. _____ Signature, Disbursing School Financial Aid Administrator

Does student receive Donor Money or Scholarship (* see page 2) at Participating School?
 ☺ Yes Source _____
 Amount \$ _____
 ☺ No

Disbursing School

Participating School

Participating School

Signature/Date

Signature/Date

Signature/Date

S.A.P/TOTAL HOURS
 Complete after grades are posted for above classes. Record grades above and fax to Disbursing School.

Cumulative credits/ school

Cumulative credits/ school

Cumulative credits/ school

SCHOOL PROCEDURES FOR CONSORTIUM AGREEMENTS

Student completes form except portion for office use (including obtaining professor's signatures) and turns it in to the local financial aid office.

PARTICIPATING SCHOOL(S):

1. Complete your portion and fax the form to the Disbursing School. Keep a copy of the form in your files.
2. When grades are posted at your institution, record them in the OFFICE USE ONLY section next to the listed courses. Complete the Satisfactory Academic Progress portion and fax the form again to the Disbursing School.
3. If a student withdraws from a class, note the withdrawal date and fax the form to the disbursing school. If there is a refund, forward this amount to the Disbursing School.

* Donor money includes: Rehab, Veterans benefits, tribal funds, employment benefits, private scholarships, etc. When in doubt, include it.

DISBURSING SCHOOL:

1. Complete the Disbursing School portion and make certain that Participating School(s) have signed that it is NOT PROVIDING aid to the student.
2. Upon receipt of completed forms from Participating School, disburse aid to the student.
3. Review student's satisfactory academic progress information from Participating School before disbursing aid for subsequent terms.

CONTACT PERSONS & NUMBERS:

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