



CONSORTIUM AGREEMENT

Student Name _____

Social Security Number _____ Semester _____ Year _____

Parent Institution _____ Participating Institution _____

The purpose of this agreement is to ensure that the student receives the financial aid for which he/she is eligible.

COMPLETION INSTRUCTIONS

1. Complete Consortium Agreement form from the PARENT school as instructed.
2. Obtain an advisor's signature from the PARENT school certifying that courses are included in your program of study.
3. Obtain signature confirming enrollment & certification that no financial aid will be paid from the PARTICIPATING school's financial aid office.
4. Return agreement to the PARENT school for final approval **by deadline date determined by the PARENT school.**

TERMS OF AGREEMENT

1. **Student is responsible for making payment arrangements at participating school.** Participating school may require payment of your tuition and fees by their due date. Check the PARTICIPATING school's policy.
2. The student will be funded by the PARENT school, and all financial aid records for the period will be maintained in the financial aid office at that school.
3. The student will be responsible for maintaining enrollment for the period of this agreement at the Participating school and may be required to provide final grades at the close of the semester specified by this agreement in order to receive financial aid for future semesters.
4. Student may be required to provide the PARENT school with confirmation of above enrollment at the PARTICIPATING school.
5. These courses will be subject to MCCCDC Financial Aid Standards of Satisfactory Academic Progress.
6. This agreement is valid only for those courses listed below. Any changes may require a new agreement be processed.
7. The student may be required to be enrolled at the PARENT school prior to submitting this form. **The Parent school may require a minimum enrollment level.** Check the PARENT school's policy.

CERTIFICATIONS

I have read and understand the above information.

Student Signature _____ Date _____

Subject Code	Course Title	Credit Hours	Distance Learning Course	Start Date	End Date	Registration Date

I certify that the courses listed above apply to the student's program of study, which is: _____

Academic Advisor at the **PARENT** school _____ Date _____

I confirm above enrollment is accurate and financial aid will not be paid from our institution. (Participating School)

Financial Aid Office at the **Participating** School _____ Date _____

Financial Aid Office at the **Parent** School _____ Date _____