

STUDENT CONSORTIUM AGREEMENT Semester \_\_\_\_\_ Academic Year \_\_\_\_\_

Student Name \_\_\_\_\_ Last 4 Digits of Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**You must complete this form for each semester 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 consortium.**

Name of School	School Student ID	Fall Credits	Spring Credits	Summer Credits

2. **List the classes from each school in which you are enrolled for the current semester.**

Name/Course Number of Class	Credits	School	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 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 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. **I understand that financial aid funds cannot automatically pay participating school(s).**

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 semester. 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 at Participating School?

No \_\_\_\_ Yes \_\_\_\_

Amount: \_\_\_\_\_

Source: \_\_\_\_\_

\_\_\_\_\_  
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