

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
<b>S.A.P./TOTAL HOURS</b>		
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