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 |