STUDENT CONSORTIUM AGREEMENT Term _____ Academic Year _____

_____
Student Name Social Security Number (Required)

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

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	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 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 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 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

Updated August 9, 2007