

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.
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