

COURSE INFORMATION – Student must complete with their Academic Advisor at Home Institution

Host Institution: _____

List course(s) to be taken at Host Institution. Include subject and course number.

Remedial and developmental courses or courses taken for audit cannot be approved for a consortium agreement. Courses that have been repeated are evaluated for eligibility and may not be approved.

Course at Host Institution	Credits	Start Date	End Date	Equivalent Course at Home Institution	Repeat course: Y/N Date and final grade

I have reviewed the course of study for this student and confirm that the Host Institution courses listed are required, acceptable for transfer, and will be applied toward the student’s degree or certificate.

_____ (____)_____-_____
 HOME ACADEMIC ADVISOR PRINTED NAME HOME ACADEMIC ADVISOR SIGNATURE DATE PHONE NUMBER

FINANCIAL AID OFFICE USE ONLY – Host Institution must complete

Is the student receiving Title IV financial aid through your institution for the enrollment period indicated? [] YES [] NO

Is the student currently registered for the courses listed in the Course Information section? [] YES [] NO

Total cost of courses: \$ _____

I certify that the information provided above is accurate.

_____ (____)_____-_____
 HOST FINANCIAL AID REPRESENTATIVE PRINTED NAME HOST FINANCIAL AID REPRESENTATIVE SIGNATURE DATE PHONE NUMBER

FINANCIAL AID OFFICE USE ONLY – Home Institution must complete

The Home Institution agrees to pay Title IV financial aid based on the information provided in this consortium agreement.

_____ (____)_____-_____
 HOME FINANCIAL AID REPRESENTATIVE PRINTED NAME HOME FINANCIAL AID REPRESENTATIVE SIGNATURE DATE PHONE NUMBER

_____ _____ _____
 HOME INSTITUTION REGISTRAR PRINTED NAME HOME INSTITUTION REGISTRAR SIGNATURE (IF APPLICABLE) DATE