

Financial Aid Consortium Agreement

Part 1: To be completed b Student's name: Major:		SSN or k number:	
Part 2: To be completed b	y Host Institution		
Name of Course	Catalog Number	Number of Credits	Period of Enrollment
Book Room Perso	on & Fees \$_s & Supplies \$_s & Board \$_s and \$_s & Supprtation \$_s	~	Other Decify)
Part 3: To be completed b Consortium is accepted / de			
•	med because		
Part 4: Certification			
The Home Institution agrees to pappropriate for term(s) specified		itioned student, if eligible, un	nder Title IV programs as
The Host Institution agrees not to and further agrees to notify the H conclusion of the term(s) specifie	ome Institution of the student's		

Consortium Check List and Student Agreement (Student should fill out this page)

rint Name	Semester/year	
ease read the following Student Ag	reement and sign below.	
you plan to enroll simultaneou financial aid at the school from	en by the institution from which you will receive your degree. If usly at Kirkwood and another institution, you should apply for m which you will graduate. That school is the "home" institution um agreement with the other school (the "host" institution).	
• The purpose of this consortium agreement is to ensure disbursement of the full amount financial aid from Kirkwood. Consortium agreements will not be processed unless necessary for you to receive the full amount of financial aid. If you attend the other for more than one semester, a consortium agreement must be done for each semester.		
hours between the two schools must be enrolled at least half the total enrolled credits at the	It Kirkwood and another institution, the total enrolled credits is will be used to determine your financial aid eligibility. You time to qualify for student loans. Grants are pro-rated based on two schools. Maximum hours accepted can be no more than it degree at Kirkwood and must meet degree requirements.	
 You must apply and be eligible financial aid from the other so 	le to receive financial aid at Kirkwood and may not receive shool.	
	ges on your Kirkwood account or other restrictions on your ster for classes. You need to remove all restrictions before to you.	
aid that will be sent to you bas	aying all program fees at the other institution from any financial sed on the Kirkwood disbursement dates. If you do not receive a le to pay the other institution. Kirkwood does not make er institution.	
responsibility to provide an of	om Kirkwood for classes at another institution, it is your fficial academic transcript of these courses to the Kirkwood itional consortium agreements will be processed until the l.	
transcript from the other institution	erstand the preceding information and agree to provide a on as soon as possible after classes are complete. I also agree to id Office if I withdraw from any courses at the other institution.	
I plan to register at Kirkwood for	hours and at (other college)	
C 1 1 1 1 1 1 1	ester/year)/semester.	

SSN or k number

Date

Signature