

One Stop Office 6301 Kirkwood Blvd SW Cedar Rapids IA, 52404

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)

nt Name		Semester/year	
ease read the following Student Agree	ement and sign below.		
you plan to enroll simultaneousl financial aid at the school from	y at Kirkwood and anot which you will graduate	which you will receive your degree. It ther institution, you should apply for e. That school is the "home" institution ther school (the "host" institution).	
financial aid from Kirkwood. Co	onsortium agreements w full amount of financial	l aid. If you attend the other institutio	
hours between the two schools v must be enrolled at least half tin the total enrolled credits at the ty	vill be used to determine to qualify for student wo schools. Maximum	nstitution, the total enrolled credits be your financial aid eligibility. You toloans. Grants are pro-rated based on hours accepted can be no more that and must meet degree requirements.	
• You must apply and be eligible financial aid from the other scho		at Kirkwood and may not receive	
• • •	r for classes. You need	count or other restrictions on your to remove all restrictions before	
	d on the Kirkwood disbute to pay the other institution	the other institution from any financia ursement dates. If you do not receive tion. Kirkwood does not make	
	cial academic transcript	at another institution, it is your of these courses to the Kirkwood On ill be processed until the official	
I certify that I have read and underst transcript from the other institution inform the Kirkwood One Stop Offi	as soon as possible after	r classes are complete. I also agree to	
I plan to register at Kirkwood for	hours and at (other	er college)	
forhours during the (semest	er/vear)	/ semester.	

SSN or k number

Date

Signature