



CCSJ Office of Financial Aid Consortium Agreement Form

A Consortium Agreement is an arrangement made between a home institution, a consortium institution/host institution, and a Title IV eligible student. The agreement allows a student to continue to receive federal student aid funds while studying at both their home institution and a school other than their home institution/degree granting institution. The credit hours enrolled at both schools (as well as the charges at both schools) will be combined to calculate the student's full eligibility for a given term.

Student's Name: _____

Student's Social Security Number: _____

Deadline: A completed Consortium Agreement Form must be received by the Office of Financial Aid at Calumet College of St. Joseph (CCSJ) at least one week prior to the semester for which the consortium is sought.

Directions: The student requesting a Consortium Agreement should complete Section II of this form. It is the student's responsibility to have Section I completed by the Office of Financial Aid at Calumet College of St. Joseph, Section III completed by their Academic Advisor at CCSJ and Section IV completed by the Consortium Institution (along with the Consortium Institution's Certification in Section V). Return the Consortium Agreement Form to the Calumet College of St. Joseph Office of Financial Aid once those sections are complete. (Note: A student seeking a Consortium Agreement **MUST** be enrolled at least half-time at Calumet College of St. Joseph, the home institution, during the semester for which the Consortium Agreement is requested).

Section I: *To be completed by the Office of Financial Aid at Calumet College of St. Joseph*

In accordance with Section 668.5 of the Code of Federal Regulations for written arrangements, Calumet College of St. Joseph, as the home institution, is entering into a formal Consortium Agreement with:

(Consortium Institution's Name and Address)

for _____
(Student's Name)

for the semester months of _____ to _____.

This agreement will apply to: (check all that apply):

___ Federal Pell Grant

___ Federal Stafford Student Loans

___ Campus-Based Aid

Section II: To be completed by the student (read and sign below)

- It is my understanding that I must be registered at least half-time at Calumet College of St. Joseph, the home institution, during the semester for which the Consortium Agreement is requested.
- It is my responsibility to have the credits earned at the consortium institution transferred and applied to my degree requirements at Calumet College of St. Joseph, the home institution. This must be done for each semester for which there is a Consortium Agreement. Additionally, I understand that this must be done before a subsequent Consortium Agreement can be authorized.
- It is my understanding that Calumet College of St. Joseph will process my financial aid based on my total enrolled credit hours at CCSJ and the consortium institution, but it is my responsibility to use those funds to pay for any charges at the consortium institution.
- I understand that failure to maintain Satisfactory Academic Progress in my course of study could result in my being ineligible to receive financial aid through Calumet College of St. Joseph, my home institution.
- It is my responsibility to notify the Office of Financial Aid at Calumet College of St. Joseph, the home institution, should I stop attending or change my enrollment at the consortium institution. Failure to do this would be grounds for loss of financial aid at Calumet College of St. Joseph and the possible repayment of funds.

(Student's Signature)

(Date)

Section III: To be completed by the student's Academic Advisor at Calumet College of St. Joseph

This is to clarify that the above referenced student is a student in good standing and has been granted permission to enroll in the following course(s) at the consortium/host institution. It is understood that the credits earned at the consortium institution will be transferred and applied to the student's degree requirements at Calumet College of St. Joseph, the home institution.

Course(s) approved to be taken at the consortium institution	# of credit hours
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1) _____

2) _____

3) _____

Term: _____

Total # of credit hours at both CCSJ and the consortium institution for the abovementioned term: _____

(Academic Advisor's Signature)

(Date)

