CT State Community College Consortium Agreement Request CT STATE

**STEP 1: To be Completed by the student** 



Home School:(Institute granting st	udent's degree or certificate)	Host School:(Institute student	is visiting to take courses)
Address:		Address:	
The schools above are herein	entering into a Consortium Ag	reement for ( <b>print legibly, ple</b>	ase):
Name:			
Student ID: <u>@</u>		Academic Program:	
Phone: _()	one: _() Email:		
Special instructions to the st	udent:		
<ul> <li>satisfactory academic</li> <li>Take only a course(s) a at your Home School.</li> <li>Submit a grade transc</li> <li>You are responsible for covered by financial a</li> <li>Be aware that financia</li> <li>Please be advised that regardless of your find</li> <li>The Home School will does not bill, or bills la responsible for paying</li> </ul>	progress at your Home School du at the Host School that is (are) rec Courses must be approved by your pript from the Host School to your or purchasing any books associat and aid is awarded and disbursed by the Host School may require pay ancial aid status. If this request is make every effort to transfer the ate, the Home School will disbursed	Home School Registrar's Office u ed with courses covered by this a your Home School only. ment of tuition and/or fees from submitted late, you must pay the funds directly to the Host School the award directly to the studen wentual aid award is insufficient t	ng for this agreement. certificate or degree program pon completion. agreement. Books are not you at the time of registration Host School. . However, if the Host School t, and the student will be
Student Signature:		Date:	
Year	Fall	Spring	Summer

Course(s) student will be enrolled in at **HOME SCHOOL**:

Course Title	Course #	# of Credits

# Course(s) student will be enrolled in at **HOST SCHOOL**:

Course Title	Course #	# of Credits

# **CSCU Community College Consortium Agreement Request**



I certify that the course(s) listed above are required to fulfill degree/certificate requirements at the Home School.

### Authorized Signature of HOME School Official:

Signature

Print Name & Telephone

Date

### STEP 2: To be Completed by the Home School Financial Aid Office

#### Statement of Purpose

The Consortium Agreement will allow the **Home School** to disburse financial aid based on the student's combined enrollment at both institutions. The **Home School** is responsible for determining financial aid eligibility, awards, disbursing aid, returns, monitoring Satisfactory Academic Progress and reporting requirements for institutional, state, and federal aid. The **Home School** will seek to verify enrollment at the Host School during the period of enrollment, and will also seek final grades for the student at the conclusion of the period of enrollment.

The Home School will process financial aid according to the method below:

After Home School charges are paid, the Home School will transfer remaining financial aid funds to the Host School for the direct charges itemized by the Host School. The student shall be responsible for paying any difference in tuition and fee charges. **The student is responsible for the purchase of their books at the Host School**.

Estimated Financial Aid Funds to be transferred by Home School:

Estimated Out-of-Pocket Book/Supply Costs to the Student:

## STEP 3: To be completed by the Host School Financial Aid Office (or attach Registration

#### Form): Period of Enrollment and Registered Courses:

Year	Fall	Spring	Summer
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Courses for which the student is registered:

Course Title	Method of Class Delivery (select type)	Course #	# of Credits

Cost for Total Credits: Tuition:

Total:

Fees:

**NOTE:** The Host School will notify the Home School if the Student withdraws from any of the above courses at any time during the enrollment period.

HomeSchool	HostSchool
Authorized Official:	Authorized Official:
Print Name & Telephone:	Print Name & Telephone:
Date:	Date: