



CONSORTIUM AGREEMENT APPLICATION

Instructions: Read the terms and conditions, fill out all sections of this form, attach proof of registration for home and host colleges, and submit the form to your **home** college Financial Aid Office by the **10th day of the quarter**. Applications submitted after this deadline will not be approved.

Home College: The college that awards and manages your financial aid.

Host College: The college where you take program-required classes not offered by your home college.

TERMS AND CONDITIONS

To qualify for a consortium agreement:

- You must be eligible for financial aid at your home college.
- Classes at host college must apply to your current program of study and meet requirements not already completed.
- The classes must either:
 - Not be offered at your home college, or
 - Be offered at a time that conflicts with other classes you need.
- You must be enrolled in at least one program-required class at your home college.
- Self-paced classes are not eligible for financial aid.

Home College Responsibilities

- The Financial Aid Office at your home college will email you if your consortium agreement is approved.
- If approved, your home college will notify the host college.
- Any excess financial aid will be sent directly to you through BankMobile Disbursements.
- Your home college will not send funds directly to the host college.

Student Responsibilities

- Submit this form to the Financial Aid Office no later than the **10th day of the quarter**. To help prevent processing delays, we strongly recommend submitting it at least three weeks before the quarter begins.
- Pay all tuition and fees due to the **host college** by that institution's published payment deadline.
- After grades have been posted, provide an **unofficial** transcript from the host college to the Financial Aid Office at your home college. Your coursework and grades will be reviewed as part of the Satisfactory Academic Progress (SAP) evaluation process.
- After the quarter has ended, request that an **official** transcript be sent from the host college to your home college for degree evaluation. This ensures completed credits can be reviewed for applicability toward your academic program. Any transcript fees charged by the host college are the student's responsibility.

Financial Aid Office
North Seattle College
206.934.3600

FinancialAid.North@seattlecolleges.edu

Financial Aid Office
Seattle Central College
206.934.3844

FinancialAid.Central@seattlecolleges.edu

Financial Aid Office
South Seattle College
206.934.5317

FinancialSouth@seattlecolleges.edu

**1. TO BE COMPLETED BY STUDENT**_____
Name_____
CtcLink ID Number_____
QuarterSelect **HOME** college: ☐ North Seattle College ☐ Seattle Central College ☐ South Seattle College

HOST college Course Name and Number	Credits	HOST College

Reason for your request (check one):

- ☐ These courses are not offered at your home college this quarter.
- ☐ These courses are only offered at your home college at times that conflict with other required courses.

By signing below, I am requesting to use my financial aid for the courses listed above. I understand that I can receive financial aid from only one college during this term and will not apply for or receive financial aid from another college. I have read and understand the terms and conditions on page one. I certify that the information provided on this form is complete and accurate.

Student Name (Print)_____
Student Signature_____
Date**2. TO BE COMPLETED BY STUDENT'S ACADEMIC ADVISOR**

I certify that the courses listed above meet the requirements of the student's academic program. Please ensure courses that do not meet requirements are not listed above.

Advisor Name (Print)_____
Advisor Signature_____
Date**3. TO BE COMPLETED BY HOST SCHOOL FINANCIAL AID OFFICE *(if outside of Seattle Colleges)***

I certify that the student is enrolled in the courses listed above and is not receiving financial aid from our institution this quarter.

School Official Name (Print)_____
Title_____
Email or Phone Number_____
Signature_____
Date