



Chandler-Gilbert | Estrella Mountain | GateWay | Glendale | Mesa  
Paradise Valley | Phoenix | Rio Salado | Scottsdale | South Mountain

## Consortium Agreement Form

Consortium  
Form

The purpose of this agreement is to ensure that the student receives the financial aid for which he/she is eligible.

### Instructions:

1. Obtain a Consortium Agreement from the HOME school.
2. Have an academic advisor from the HOME school review the selected courses to be taken at the HOST school. The advisor must sign the Consortium Agreement.
3. Obtain confirmation of enrollment from the financial aid office **at the HOST school**.
4. Return the completed consortium agreement to the Financial Aid Office at the HOME school **by the submission deadline date**.

### Student Information

Last Name (Print)	First Name (Print)	MI	Social Security Number	Student ID Number
			XXX-XX-	
Maricopa Email Address			Phone Number with Area Code	
			@maricopa.edu	
Home (Parent) School	Host (Participating) School		Semester	Year

### Terms of Agreement:

1. **Student is responsible for making payment arrangements at host school.** Host school may require payment of your tuition and fees by their due date. Check the HOST school's policy.
2. The student will be funded by the HOME school, and all financial aid records for the period will be maintained in the financial aid office at that school.
3. The student will be responsible for maintaining enrollment for the period of this agreement at the Host school and must officially transfer final grades at the close of the semester specified by this agreement to the Home school in order to receive financial aid for future semesters.
4. Student may be required to provide the HOME school with confirmation of enrollment at the HOST school.
5. These courses will be subject to MCCC Financial Aid Standards of Satisfactory Academic Progress.
6. This agreement is valid only for those courses listed below which pertains to your program of study. Any changes will require a new agreement be submitted.
7. The student may be required to be enrolled at the HOME school prior to submitting this form. **The Home school may require a minimum enrollment of 6 credits at the home school.** Check the HOME school's policy.
8. The course work at the host institution may not overlap the end date of the prior term or start date of the subsequent term at the home school.

### To Be Completed by Student:

By signing this form, I acknowledge that if I do not abide by the terms listed above it will void this agreement, and I will not be eligible to receive any form of Title IV Financial Aid (Federal Grants, Subsidized Loans, etc.) for the courses listed below.

Student's Signature ( <i>electronic signature NOT accepted</i> )	Date

Subject Code	Course Title	Credit Hours	Distance Learning	Start Date	End date	Date Registered
			Y /N			
			Y /N			
			Y /N			

I certify that the courses listed above apply to the student's program of study of: \_\_\_\_\_

Academic Advisor Signature at the **HOME** school

Print Name

Date

**I confirm above enrollment is accurate and financial aid will not be paid from our institution. (Host School)**

Financial Aid Office Signature at the **Host** School

Print Name

Date

Financial Aid Office Signature at the **Home** School

Print Name

Date