



CONSORTIUM AGREEMENT

CIRCLE ONE: FALL SPRING SUMMER
YEAR: 20__

 LAST NAME (PLEASE PRINT)

 FIRST NAME (PLEASE PRINT)

 CNC ID#

ALL COURSES MUST BE REQUIRED FOR YOUR CNC DEGREE PLAN
 ****A SCHEDULE MUST BE ATTACHED LISTING THE CLASSES BELOW****

COURSE #	COURSE TITLE	# CREDIT HOURS
(SAMPLE) MATH 1513	College Algebra	3

Reason for attending other school: _____

CNC ACADEMIC ADVISOR MUST APPROVE THE CLASSES LISTED ABOVE TO GO TOWARDS YOUR CURRENT COURSE OF STUDY AT CNC, BYSIGNING BELOW.

 ACADEMIC ADVISOR NAME

 SIGNATURE

 DATE

CAREFULLY READ CONSORTIUM REQUIREMENTS AND SIGN BELOW

- **Must be enrolled in at least 6 Hrs at CNC while concurrently enrolled to be eligible for financial aid.**
- This agreement is valid for the current semester only and approved only for the courses that are required.
- You can receive financial aid from one institution, CNC.
- You must notify CNC Financial Aid Office of any changes made to your schedule. If you drop credit hours or withdraw completely during the term specified you may be required to repay financial aid.
- You must provide the registrar's office an official copy of your transcript after the completion of each semester.
- Failure to complete the above classes or provide CNC with grades could jeopardize approval of future consortium requests.
- Must be completed and returned to the CNC Financial Aid Office by the first week of school each semester. Failure to do so may result in a delay in receiving your financial aid disbursement for the term.
- You are responsible for payment of your courses by the deadline established at your host institution, even in the event that financial aid funds have not been disbursed by CNC. This agreement does not delay payment of tuition and fees at your host institution.
- You give permission for the Home & Host institutions to exchange academic and financial aid information, including transcripts.

By signing this form, I certify that I have read and understand this consortium contract:

Student Signature: _____ Date: _____

Certification: The Host Institution agrees NOT to provide federal funds to the above mentioned student for this term:

RELATIONSHIP RESPONSIBILITY RECIPROCITY REDISTRIBUTION



Name/Title of Certifying Official at Host Institution

Signature

Date

Name of Institution

Address

Phone

RELATIONSHIP RESPONSIBILITY RECIPROCITY REDISTRIBUTION

