

CONSORTIUM AGREEMENT
BETWEEN
_____ & SANTA ROSA JUNIOR COLLEGE

The purpose of this agreement is to allow (student) _____ to enroll in transferable coursework at Santa Rosa Junior College and receive financial aid for those units at (school) _____. For purpose of this agreement, _____ will be considered the **HOME** campus and Santa Rosa Junior College the **HOST** campus. Students who benefit from this agreement will be eligible for financial assistance only at the **HOME** campus. The _____ Financial Aid Office will include the units from such transferable courses in determining the enrollment status of _____. The allowable costs for tuition, fees, books and supplies, room and board that will be used to calculate Title IV student financial aid eligibility for students under this Consortium Agreement will be those used by the _____ Financial Aid Office.

Both _____ and Santa Rosa Junior College are eligible for Title IV funding under the Higher Education Act of 1965.

In order to benefit from this agreement, a student must:

- be admitted to _____, and
- have an approved financial aid package at _____, the **HOME** campus, and
- be enrolled in at least 6 units at _____ during the semester for which this agreement applies, and
- be enrolled in _____ courses that have been preapproved as applying toward the student’s remaining degree or certificate requirements.
- This agreement does not apply to enrollment or aid for summer sessions.

_____ (Home College)	<u>SANTA ROSA JUNIOR COLLEGE</u> (Host College)
_____ Director of Financial Aid Signature	_____ Financial Aid Technician Signature
_____ Printed Name	_____ Financial Aid Technician Printed Name
_____ Date	_____ Date

Santa Rosa Junior College
STUDENT FINANCIAL AID
CONSORTIUM AGREEMENT FOR CONCURRENT ENROLLMENT

For: Fall 2020 Spring 2021

Name _____ SSN _____

SECTION A: TO BE COMPLETED BY THE STUDENT

HOME campus _____
(Institution at which I will be enrolled and receiving aid)

HOST campus SANTA ROSA JUNIOR COLLEGE
(Institution at which I will be concurrently enrolled)

Planned total unit enrollment at the **HOME** campus for the above semester _____

Planned total unit enrollment at **HOST** campus (SRJC) for the above semester _____

TOTAL UNITS: _____

Specific transferable coursework to be taken at **HOST** campus (SRJC):

Dept.	Course No.	# of Units	Class Days	Time	Transferable to Home campus?
_____	_____	_____	_____	_____	(circle one) YES NO
_____	_____	_____	_____	_____	YES NO
_____	_____	_____	_____	_____	YES NO
_____	_____	_____	_____	_____	YES NO

STUDENT AGREEMENT:

1. I understand that, except for summer session periods, I must be enrolled in at least 6 units at my **HOME CAMPUS** in order to be eligible for financial assistance under a Consortium Agreement.
2. I understand that my transferable coursework listed above will be used to establish my enrollment status at my **HOME CAMPUS** for the above award period.
3. I understand that any changes in my enrollment at the **HOST** institution (SRJC) must be approved by the Director of Financial Aid at the **HOME CAMPUS** prior to making such changes at the **HOST** institution (SRJC).
4. I understand that failure to complete the coursework at the **HOST** institution (SRJC) may result in a Satisfactory Academic Progress deficiency at the **HOME CAMPUS** and could affect my eligibility for continued financial assistance at the **HOME CAMPUS**.
5. I understand that while enrolled concurrently at the **HOME CAMPUS** and the **HOST** institution (SRJC) during the award period specified above, I may receive financial aid only at the **HOME CAMPUS**.
6. I agree to provide verification of my enrollment in the above listed classes prior to receiving assistance.
7. I agree to request that a copy of my transcript from the **HOST** institution (SRJC) be sent to the **HOME CAMPUS** Admissions and Records Office within 10 days of completing such coursework.
8. I understand that if I fail to meet any part of this agreement I may be required to repay the funds advanced to me for enrollment at the **HOST** institution (SRJC) for the above specified award period.

Signed _____ Date _____

SECTION B: TO BE COMPLETED BY THE "HOME CAMPUS" FINANCIAL AID OFFICE

Check when completed:

- Updated award to: Full-time Three-quarter time Date _____
- Sent copy to **HOST** campus FAO (SRJC).
- Placed hold for verification of units completed and transferred to SRJC.