

CONSORTIUM AGREEMENT
BETWEEN
SANTA ROSA JUNIOR COLLEGE & _____

The purpose of this agreement is to allow Santa Rosa Junior College students to enroll in transferable coursework at _____ and receive financial aid for those units at Santa Rosa Junior College.

For purpose of this agreement, **Santa Rosa Junior College** will be considered the **HOME** campus and _____ the **HOST** campus.

Students who benefit from this agreement will be eligible for financial assistance only at the HOME campus.

The Santa Rosa Junior College Financial Aid Office will include the required units from such transferable courses in determining the enrollment status of Santa Rosa Junior College students.

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 Santa Rosa Junior College 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 Santa Rosa Junior College, and
- have an approved financial aid package at Santa Rosa Junior College, the **HOME** campus, and
- be enrolled in at least 6 units at Santa Rosa Junior College 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.

(Host College)

SANTA ROSA JUNIOR COLLEGE
(Home College)

Director of Financial Aid Signature

Financial Aid Technician Signature

Printed Name

Financial Aid Technician Printed Name

Date

Date

(HOME – paid @ SRJC)

Santa Rosa Junior College
STUDENT FINANCIAL AID
CONSORTIUM AGREEMENT FOR CONCURRENT
ENROLLMENT For:_____ Fall 2025 or _____Spring 2026

Name _____ SID _____

SECTION A: TO BE COMPLETED BY THE STUDENT

HOST Campus: _____
(Name of Institution at which I will be concurrently enrolled)

HOME Campus: SANTA ROSA JUNIOR COLLEGE
(Institution at which I will be enrolled and receiving aid)

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

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

TOTAL UNITS: _____

Specific transferable coursework to be taken at **HOST** campus:

Dept.	Course No.	# of Units	Class Days	Time	Transferable to SRJC?
					(check 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 Santa Rosa Junior College 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 SRJC for the above award period.
3. I understand that any changes in my enrollment at the **HOST** institution must be approved by the Director of Financial Aid at SRJC prior to making such changes at the **HOST** institution.
4. I understand that failure to complete the coursework at the **HOST** institution may result in a Satisfactory Academic Progress deficiency at SRJC and could affect my eligibility for continued financial assistance at SRJC.
5. I understand that while enrolled concurrently at SRJC and the **HOST** institution during the award period specified above, I may receive financial aid only at SRJC, my **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 be sent to the SRJC 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 for the above specified award period.

Signed _____ Date _____

SECTION B: TO BE COMPLETED BY THE SRJC FINANCIAL AID OFFICE

Check when completed:

Updated Award to: _____ Full-Time _____ Three Quarter Time

Sent copy to **HOST** Campus FAO

Placed hold for verification of units completed and transferred to SRJC.

Completed by: _____ (Initials) Date: _____