



**Student Section:**

Name \_\_\_\_\_ COCC ID # \_\_\_\_\_  
Host School \_\_\_\_\_ Host School ID # \_\_\_\_\_  
Credits for Consortium Agreement at COCC \_\_\_\_\_ at Host School \_\_\_\_\_ Term and Year \_\_\_\_\_

**Please READ each item below and SIGN to confirm you acknowledge the terms of this Consortium Agreement:**

- ◇ To participate in the Consortium Agreement, I understand I must be fully admitted and enrolled in at least 6 credits as a degree seeking student at Central Oregon Community College (COCC), herein identified as the "Home" School.
- ◇ Courses taken at an eligible Title IV aid "Host" School apply toward the overall course load and enrollment status for financial aid purposes at COCC.
- ◇ I understand I am responsible for payment of all tuition and fees to the Host School. The Host School may require payment of tuition and fees by their due date. Check the Host School's policy.
- ◇ I understand the Title IV Financial Aid will be awarded and paid through COCC and will be subject to COCC's disbursement policy and schedule. Records will be maintained in the financial aid office.
- ◇ I understand all courses included in this Consortium Agreement will be subject to COCC's SAP and Title IV Return policies.
- ◇ I understand this agreement is valid only for the courses listed on this form, which apply toward my program of study at COCC. Any changes will require a new completed Consortium Agreement.
- ◇ I understand I must be enrolled in my courses at the Host School prior to submitting this form. Waitlisted and audited courses will not apply toward enrollment.
- ◇ I understand if I withdraw from any Consortium course at the Host School, I must report the enrollment change to COCC's financial aid office within seven calendar days.
- ◇ I understand I must provide a copy of a transcript from the Host School to COCC's Financial Aid Office including the final grades for the Consortium courses, which will be maintained in the my financial aid file.

I authorize \_\_\_\_\_ (Host School) to release information to COCC regarding my registration and financial aid status. I understand that I will receive financial aid only from COCC for the specified term above, that it is my responsibility to ensure that the course credits from the Host School are reported to COCC in the form of an official transcript, and aid for future terms will be held until I provide COCC Student Financial Aid with the transcript referenced above from the Host School. I understand the completed agreement, with all required signatures and documentation, must be submitted to COCC's Financial Aid Office by the term's tuition due date.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

◇ **It is the student responsibility to provide appropriate signatures and documentation from the Host School.**

**Host School Section:**

The above named student is not receiving aid at \_\_\_\_\_ (Host School) for this term and is enrolled in a total of \_\_\_\_\_ credits. Tuition and fees are assessed at \$ \_\_\_\_\_. **A copy of the student's registration form is attached.**

Financial Aid Administrator Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Phone number or email \_\_\_\_\_

**Home School Section:**

Financial Aid Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

**Financial Aid Office**