



Consortium Agreement Form 2025-2026

Student First & Last Name: _____ ctcLink# _____

Students can only receive Financial Aid from one college each term. If you plan on enrolling in multiple schools in the same term, you need to decide which college will offer you aid.

Use this form if you want Edmonds College to determine if we can offer you financial aid for the credits you plan to take at another college. This process is what is called a consortium agreement.

All of the following conditions apply:

- Consortium Agreements are limited to Washington State colleges and universities.
- You **must** enroll in at least one class at Edmonds College that is required for graduation.
- The course/s you take at the other college **must be required** to complete your program of study at Edmonds College.
- You must enroll at both schools **before** submitting this form.
- You must complete this process by the fifth day of the quarter for fall, winter, spring, and by the 1st day of the summer quarter.
- You must pay tuition and fees at your other college based on their deadlines.
- You must provide transcripts directly to the financial aid office of your final grades when grades are made available.
 - We will assume that you did not pass your classes if you do not provide your transcripts to our office.
 - Students who do not pass their classes may lose their eligibility for aid due to not meeting Satisfactory Academic Progress (SAP)

Section 1: Enrollment Information

Your request is for which quarter? (Summer, Fall, Winter, or Spring) _____

What is your Program of Study? _____

What is the name of the other college you plan to attend? _____

How many credits are you enrolled in at Edmonds College? _____

In the table below, list the course/s you are enrolled in at the Host College:

| Course Name | Course Number | Course Equivalent | Number of Credits |
|-------------------------|---------------|--------------------|-------------------|
| <i>Example: English</i> | <i>101</i> | <i>English 101</i> | <i>5</i> |
| | | | |
| | | | |



Section 2: Student Certification

By signing below, I acknowledge and agree to the following conditions:

- This form must be submitted by the 5th day of the quarter, fall – spring, and by the 1st day of the summer quarter. Adjustments to my financial aid will not be made based on any enrollment after these deadlines.
- I am responsible for paying all tuition and other associated costs of the other college
 - I understand that I may work with the other college’s financial aid office to see if I might qualify for a deferment of my tuition and fees if allowed.
- I must submit an unofficial transcript to the Edmonds College Financial Aid Office within three days after grades are posted at the host college.
- I understand Edmonds College will assume that I did not complete my classes until I provide my transcripts to the Financial Aid office, and that I am subject to penalties under the Satisfactory Academic Progress policy, which may result in cancellation of my future financial aid and repayment of the funds I received.

Student Signature: _____

Date: _____

Section 3: Edmonds College Academic Advisor Certification

I certify that this student is enrolled at Edmonds College for a course/s that are required for the student’s program of study, and that the course/s the student is enrolled in at the other college applies to their Edmonds College program of study and can be successfully transferred to Edmonds College.

Advisor’s Name (Print): _____

Advisor’s Signature: _____

Date: _____

Section 4: Other College Financial Aid Certification

Section 3 is to be completed by your other College’s Financial Aid Office

I certify that this student is enrolled at my college for the course/s listed in Section 1. I agree that my office will not provide federal Title IV or state financial aid for this student for the quarter this agreement pertains to. Edmonds College is responsible for calculating awards, disbursing aid, monitoring satisfactory academic progress and other student eligibility requirements, keeping records, and returning funds if the student withdraws.

FA Administrator Name (Print): _____

FA Administrator Signature: _____

Date: _____

FA Administrator Title: _____