# Financial Aid Office Consortium Agreement Form 2024-2025

First and Last Name:

COLLEGE

ctcLink Student ID Number:

This form allows you to take required classes at another school (Host College) for the degree or certificate you plan to earn at Edmonds College (Home College). Approval of this agreement allows you to count the credits you take at the host college towards your enrollment and financial aid funding level at Edmonds. The following conditions apply:

- You must enroll for at least one required class at Edmonds College
- The course/s you take at the host college, must apply to your program of study at Edmonds College
- You must enroll at both schools before submitting this form
- Consortium Agreements are limited to the Washington State public community and technical college system
- You must complete this process least by the fifth day of the quarter for fall, winter, spring and by the 1<sup>st</sup> day of summer quarter
- You must pay tuition and fees at the host college based on that school's deadlines

#### **Student Instructions:**

- 1. Enroll for classes at both colleges
- 2. Complete Section A
- 3. Take this form and a copy of your enrollment at the host school to your Edmonds Academic Advisor for signature (Section B)
- 4. Sign the Student Certification below (Section D)
- 5. Take this form to the Financial Aid Office at your host college for signature (Section C)
- 6. Return this form and a copy of your host college enrollment to the Edmonds Financial Aid Office

## **Section A: Enrollment Information**

List the course/s you are enrolled in at the Host College:				
How many credits are you enrolled in a	t Edmonds College for the quar	ter this applies to?		
What is the name of the college (Host C	college) you plan to attend?			
What is your Program of Study?				
What quarter does this form apply to?				

Name of Enrolled Course at Host College	Course Number at Host College	Course Equivalent at Edmonds	Number of Credits

#### Section B: Edmonds College Academic Advisor Certification

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

Advisor Name:	Advisor Signature:	Date:	

# Section C: Host College Financial Aid Office Certification

I certify that this student is enrolled at my college for the course/s listed in Section A. 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 Office Official Name:	Title of Official:
FA Office Official Signature:	Date:

## Section D: Student Certification

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

- This form must be submitted by the 5<sup>th</sup> day of the quarter, fall spring, and by the 1<sup>st</sup> day of summer quarter. We cannot make adjustments to your financial aid based on your enrollment after these deadlines.
- I am responsible for paying any tuition, fees, and other associated costs with attending the host college
  - I understand that I may work with the host college financial aid office to see if I might qualify for a deferment of my tuition and fees if allowed
- I must submit an **official** transcript of the classes I take at the host college and follow the Edmonds College process for transferring my credits at the host college to Edmonds College within 30 days of completion of the quarter
- 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 that Edmonds College will assume I did not complete my credits at the host college until I submit an unofficial transcript, and that I am subject to penalties under the Satisfactory Academic Progress policy, which may result in cancellation of my future financial and a repayment of the funds I receive

Student Signature:		Date:	
--------------------	--	-------	--

Download this form, sign, and submit this form and other required documentation online using this link: <u>Financial Aid Document Submission</u>