



# Financial Aid Consortium Agreement

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In certain cases students may be awarded federal aid based on the combined enrollment at two schools.

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**Complete the following with your name, social security number, host institution, and semester for which you are seeking the Consortium Agreement.**

**Student's Name:** \_\_\_\_\_

Crowder ID# \_\_\_\_\_ Host School ID# \_\_\_\_\_

The student listed above is attending Crowder College (home institution) and simultaneously attending \_\_\_\_\_ **(host institution)** for the \_\_\_\_\_ **semester**. Financial Aid regulations provide for a consortium agreement between two schools to insure fair and equitable treatment in these situations.

**Please read the following information, sign and date. Submit to the host institution's Financial Aid Office.**

## **I have read and understand the following:**

- I understand that I am personally responsible for paying tuition and fees at the Host institution. Failure to have all charges paid by their deadline will result in cancellation of classes.
- I understand that satisfactory academic progress will be evaluated by Crowder College in accordance with their policy and will include evaluation of performance in the courses taken at the Host institution.
- I authorize the Host institution to release enrollment verification, grade reports, or any other information deemed necessary by Crowder College to monitor my academic progress.
- This consortium agreement does not apply to any institutional scholarships or awards.
- In order to apply for an in-school deferment, I must be attending one institution at least half-time and must apply for deferment at that institution.
- I understand that I must be enrolled in at least 6 credit hours at Crowder College.
- Only the classes I am enrolled in at the Host institution, which will transfer to the degree program/major course of study at my Home institution, are permitted.
- I will request a copy of my transcript to be sent to my Home institution upon completion of my courses.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

(continued)

Student's Name \_\_\_\_\_

Course Title & Number	Credit Hours	Tuition & Fees

# Host Institution Certification

Crowder College will include the above hours and cost in our calculation of eligibility for Title IV financial aid.

This is to certify that \_\_\_\_\_ (host institution) will not provide financial assistance to this student during the \_\_\_\_\_ semester. This also certifies that we are not the degree-granting institution and we will inform Crowder College if any of the above information changes prior to the end of the semester.

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

**Please return to:**

Crowder College  
Financial Aid Office  
601 Laclede  
Neosho, MO 64850  
(417) 455-5678 or (417) 455-5419  
Fax (417) 455-5731