

Financial Aid Consortium Agreement

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

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

Studer	nt's Name:	
Crowde	er ID#	Host School ID#
The st	udent listed above is attending	Crowder College (home institution) and simultaneously
attendi	ing	(host institution) for the
	semester. Fil	nancial Aid regulations provide for a consortium agreement betweer
two sch	nools to insure fair and equitabl	e treatment in these situations.
	_	ion, sign and date. Submit to the host institution's Financial Aid
Office.		
	I have rea	d and understand the following:
		ly responsible for paying tuition and fees at the Host institution. Failure ir deadline will result in cancellation of classes.
		cademic progress will be evaluated by Crowder College in accordance evaluation of performance in the courses taken at the Host institution
		on to release enrollment verification, grade reports, or any other by Crowder College to monitor my academic progress.
•	This consortium agreement doe	es not apply to any institutional scholarships or awards.
	In order to apply for an in-schoomust apply for deferment at that	ol deferment, I must be attending one institution at least half-time and it institution.
•	I understand that I must be enre	olled in at least 6 credit hours at Crowder College.
	Only the classes I am enrolled in course of study at my Home ins	n at the Host institution, which will transfer to the degree program/major stitution, are permitted.
•	I will request a copy of my trans	cript to be sent to my Home institution upon completion of my courses
Stu	dent Signature	 Date
		(continued)

Student's Name ___

Host Institution Certification

Course Title & Number	Credit Hours	Tuition & Fees
Crowder College will include the ab	pove hours and cost in our calculati	on of eligibility for Title IV financial aid.
This is to certify that	(host institution	n) will not provide financial assistance
to this student during the	semest	er. 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