Cuyahoga Community College
Student Financial Assistance Office

2008-09
CNSRT1/5/8
Staff Initials_____

CONSORTIUM AGREEMENT

Student "My Tri-C" ID number: S□□□□□□□□

Student **LAST** name (one letter or dash or space per box) □□□□□□□□□□□□□□□□□□□□

Student **FIRST** name □□□□□□□□□□□□

MI □

_____ (_____)_____

Student's Street Address Telephone Number

_____

City State ZIP

I plan to receive a degree or certificate at Cuyahoga Community College ("Tri-C"), which is my home institution. I will be taking coursework as a transient student during this academic term and seek to utilize financial assistance while attending an institution other than Tri-C. Tri-C will consider me enrolled in an eligible program of study and will award and disburse aid based on the Cost of Attendance at both institutions. Tri-C will also manage account refunds and/or overpayments to the Federal Grants, State Grants, and/or Federal Direct Loan Programs that may result from my withdrawal from classes according to established policies.

It is my responsibility to pay the tuition and fees at the visited institution. I must adhere to the standards of academic progress policies of both institutions to continue to receive financial assistance.

I must provide the following to the Tri-C Student Financial Assistance Office:

1. A statement from my academic advisor verifying permission to enroll at a visited institution and that the credits will transfer back to Tri-C and apply toward my degree.
2. A copy of my class registration from the visited institution.
3. Return completed consortium agreement to the Tri-C Student Financial Assistance Office.

I am a degree-seeking student at Tri-C taking _____ credit(s) during the_____ academic term of the _____ academic year.

I will be a transient student at _____ taking _____ credit(s) during the _____ academic term of the _____ academic year.

STUDENT AFFIRMATION

I hereby affirm that all reported and attached information is true, complete, and accurate to the best of my knowledge. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial assistance and may subject the filer to a fine, imprisonment or both under provision of the United States Criminal Code.

Student Signature: _____ Date: _____

Cuyahoga Community College **2008-09**
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YOU MUST WRITE YOUR ID NUMBER AND NAME ON THIS PAGE, EXACTLY AS YOU WROTE IT ON THE PREVIOUS PAGE:

Student "My Tri-C" ID number: S☐☐☐☐☐☐☐

Student **LAST** name (one letter or dash or space per box) Student **FIRST** name MI

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TO BE COMPLETED BY THE FINANCIAL AID ADMINSTRATOR AT THE VISITED SCHOOL:

The aid administrator at the visited institution must agree to inform Cuyahoga Community College of any changes in the student's enrollment status and to withhold the processing of any federal, state or institutional financial aid during the enrolled transient term.

Enrollment Status: ☐ Full-time ☐ Three-quarter time ☐ Half-time ☐ Less than Half-time

Dates of Program: From: _____ To: _____

Number of Credits Enrolled: _____

Cost of Attendance:

Tuition and Fees	$_____
Room and Board	$_____
Books	$_____
Transportation	$_____
Misc. Fees	$_____
Other: _____	$_____
TOTAL	$_____

_____ _____
Financial Assistance Administrator's Signature Date

_____ (_____)_____
Typed or Printed Name Telephone Number

_____
Name of Institution Address (City, State, Zip)

TO BE COMPLETED BY CUYAHOGA COMMUNITY COLLEGE (the student's home institution):

Student's cumulative G.P.A.: _____ Number of credits completed: _____

_____ _____
Financial Assistance Administrator's Signature Date

_____ (_____)_____
Typed or Printed Name Telephone Number

EASTERN CAMPUS	METROPOLITAN CAMPUS	WESTERN CAMPUS
Student Services 1600	Student Services 209	Student Services 224
4250 Richmond Road	2900 Community College Ave.	11000 Pleasant Valley Rd.
Highland Hills, OH 44122	Cleveland, OH 44115	Parma, OH 44130
1-800-954-8742	1-800-954-8742	1-800-954-8742