

## Financial Aid Consortium Agreement

This consortium agreement is to be used by students who are getting their degree/certificate and financial aid from Anoka-Ramsey Community College (ARCC).

In order for the attached Financial Aid Consortium Agreement to be processed by the Anoka-Ramsey Financial Aid Office, you must:

1. Complete the “Student Section;”
2. Take the Consortium Agreement to the second (Host) institution. A financial aid administrator must complete the “Host Institution Section;”
3. Take the Consortium Agreement to an ARCC academic counselor/advisor for completion of the “Degree or Certificate Granting (Home) Institution Advisor Section;”
4. Return the Consortium Agreement to the ARCC Financial Aid Office. You **MUST** attach the pertinent term’s proof of registration from the second (host) institution.
5. At the end of the term covered by this agreement, you must provide an OFFICIAL academic transcript from any non-MNSCU school.

**Without proof of registration and all three sections completed, the Consortium Agreement will be returned to you unprocessed.**

# METRO ALLIANCE FINANCIAL AID CONSORTIUM AGREEMENT

## STUDENT SECTION

Name \_\_\_\_\_ SSN \_\_\_\_\_ Student ID \_\_\_\_\_  
Last First MI  
 Address \_\_\_\_\_  
Street City State ZIP  
 Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_ Term/Year \_\_\_\_\_

I understand: I cannot receive financial aid at two schools during the same term. I need to obtain the approval of my academic counselor/adviser for the consortium course(s). Enrollment in extended term and/or correspondence courses may have an impact on my financial aid. **I will attach a copy of my registration at the host (second) institution to this form.** The consortium course(s), if approved, will be included in measuring Satisfactory Academic Progress at my home institution. **I cannot change my enrollment without notifying the Financial Aid Office at my home institution. I will provide an OFFICIAL academic transcript from any non-MNSCU host institution to my home institution once the term covered by the financial aid consortium agreement has concluded.** I understand the tuition and fees incurred at the host institution are my responsibility.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

## HOST (SECOND) INSTITUTION SECTION

Institution Name \_\_\_\_\_

Course #	Course Title	# of Credits	Term Type*	Term Dates	Instruction Mode*	Grading Option*	Tuition & Fees Paid: yes/no

\*Term type: Semester, quarter, extended term, other. Note: Federal financial aid regulations subject courses that deviate substantially from the institution's standard term to more stringent treatment (e.g., an institution on the semester system offers an extended term course that allows more than six months for completion).

\*Instruction mode: On-campus, telecommunications, correspondence, other. On-campus includes face-to-face, lecture/lab, etc. Please see definitions of "telecommunications" and "correspondence" on the MnVU website: <http://www.mnvu.org>. Click on Learner Services and then on Financial Aid. Note: Federal financial aid regulations subject correspondence courses to more stringent treatment than on-campus or telecommunications courses.

\*Grading option: A-F, S-N (satisfactory-unsatisfactory), audit, other.

- The student has registered for the courses above and will not receive financial aid at this institution.
- The visited college will notify the Financial Aid Office at Anoka-Ramsey Community College if the student withdraws from any coursework or withdraws completely. Please include the last date of attendance.

Financial Aid Administrator printed name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## DEGREE OR CERTIFICATE-GRANTING (HOME) INSTITUTION SECTION

Institution name Anoka-Ramsey Community College Telephone (763)433-1500

Financial Aid Office address 11200 Mississippi Boulevard NW Coon Rapids, MN 55433  
Street City State ZIP

I recommend that the preceding course(s) be approved for the Financial Aid Consortium Agreement. This institution will accept these courses for the student's degree or certificate program. I have determined that there are no courses being offered by this institution that could be substituted for this (these) course(s) this term.

Academic Advisor printed name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

### Financial Aid Office use only

This Financial Aid Consortium Agreement is: \_\_\_\_\_ Approved \_\_\_\_\_ Not approved

Credits at host school \_\_\_\_\_ Credits at home school \_\_\_\_\_ Total credits \_\_\_\_\_

Financial Aid signature \_\_\_\_\_ Date \_\_\_\_\_ to Records \_\_\_\_\_ 03/24/09