

## 2022-2023 Consortium Agreement

Summer

**Home Institution:** The institution from which you are seeking a degree and from which you intend to receive financial aid. **Host Institution:** The institution(s) where you are taking courses that apply towards the degree from the Home Institution.

**HOME** School: Trinidad State College

Financial Aid Office

financialaid@trinidadstate.edu

Mark the term this consortium is for:

FAX: 719-846-5240

Students must complete a new consortium agreement every semester. Consortium agreements received after the semester has ended will not be accepted.

Name:	Email:	Phone:		
HOME S#:	Host Sa	Host S#:		
My HOST school(s) will be	ə:			
Student Certification - By sig	ning this agreement, I understand that:			
1. The Financial Aid Office at your host	school must document your registration, tuition, & fee	ee costs and sign this form.		
2. It is the student's responsibility to ens	sure TSC's Financial Aid Office receives the consortiu	um agreement after the Host school certifies their section.		
3. You must be taking a minimum of financial aid could be returned, creating		o be eligible to receive and keep your financial aid. If you drop <b>any</b> co	ourses, your	
4. TSC's Registrar must certify that the	coursework at the host institution is applicable to you	ır degree plan.		
5. Courses taken at the host school will	be treated the same for Satisfactory Academic Progr	ress (SAP).		
6. Financial aid will be disbursed accord	ling to the home school disbursement schedule. Cons	ssortium agreements can cause a delay in disbursements, so plan acc	ordingly.	
	ges in enrollment during the term. If you drop all cours ral accounts. This could result in a bill on your studer	rses at both schools, the home school will perform a Return of Title IV ent account.	Funds	
8. You are responsible for paying tuition	on, fees and other charges at the host school.			
9. <b>You must submit an official transc</b> transcript.	ript from the host school at the end of the term. We	e will hold financial aid for future terms until the TSC Registrar's Office	e receives the	
10. You understand and authorize b	oth schools to share information about your education	nal records.		
Student Signature		Date		

Trinidad Campus 600 Prospect St. Trinidad, CO 81082 719/846-5017 Fax: 719/846-5420 financialaid@trinidadstate.edu Valley Campus 1011 Main St. Alamosa, CO 81101 719/846-5017 Fax: 719/846-5420

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Name:	ne:HOME S#:					
Please list all courses from the HOST school that you wish to apply to the consortium agreement for this term:						
Course Name	Course Number	Credit Hours	Course Begin and End Date			
Total costs for consortium term (please include tuition and fees): \$						
The "Host Institution" will not award any Federal, State, financial aid or other aid from private sources to the student. If the host school elects to award the student financial aid from a source controlled or managed by the host school, it will promptly notify TSC to ensure that the student does not receive financial aid in excess to his or her eligibility.						
Host Financial Aid Representative:						
nost Financial Alu Representative						
I certify that the courses the student is enrolled in at the Host school are applicable to the student's program of study; the student has not previously earned credit for these courses; and that s/he must have these courses to complete her/his degree program at the Home school.						
I deny this request due to:						
<u></u>						
TSC Registrar Signature Date						
Date						
The "Home Institution" agre	es to pay Title IV Federa	I Financial Aid to the	phoyo-montioned student based on			
The "Home Institution" agrees to pay Title IV Federal Financial Aid to the above-mentioned student based on the information provided in this Student Title IV Federal Financial Aid Consortium Agreement.						
TSC Financial Aid Representative:			Date:			

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