

## 2023-2024 Consortium Agreement

**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

fnancialaid@trinidadstate.edu

Mark the term this consortium is for:

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

2023

Summer

Complete and sign the Student Information section below and submit this form to the "Host Institution". Please print.					
Name:	Email:	Phone:	_		
HOME S#:	Host S#	Host S#:			
My HOST school(s) will be:			_		
Student Certification - By signin	g this agreement, I understand that:				
1. The Financial Aid Office at your host sch	ool must document your registration, tuition, & fee	e costs and sign this form.			
2. It is the student's responsibility to ensure	TSC's Financial Aid Office receives the consortiu	Im agreement after the Host school certifies their section.			
3. You must be taking a minimum of 6 cr financial aid could be returned, creating a b		be eligible to receive and keep your financial aid. If you dr	rop <b>any</b> courses, your		
4. TSC's Registrar must certify that the cou	rsework at the host institution is applicable to your	r degree plan.			
5. Courses taken at the host school will be	treated the same for Satisfactory Academic Progre	ess (SAP).			
6. Financial aid will be disbursed according to the home school disbursement schedule. Consortium agreements can cause a delay in disbursements, so plan accordingly.					
7. It is your responsibility to report changes in enrollment during the term. If you drop all courses at both schools, the home school will perform a Return of Title IV Funds calculation and may return funds to federal accounts. This could result in a bill on your student account.					
8. You are responsible for paying tuition, f	ees and other charges at the host school.				
9. You must submit an official transcript transcript.	from the host school at the end of the term. We	e will hold financial aid for future terms until the TSC Registr	rar's Office receives the		
10. You understand and authorize both	schools to share information about your education	nal records.			
Student Signature		Date			

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



Name:	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:			Date:		
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I certify that the cours	es the student is enrolle	d 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:					
TSC Registrar Signature			Date		
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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