

CAFA
CASP
CASU

INDIVIDUAL CONSORTIUM AGREEMENT

(2017-2018 Academic Year)

2800 S Lone Tree Rd • Flagstaff, AZ 86005-2701 • PH: 928-226-4219 • FAX: 928-226-4110 • finaid@coconino.edu

@			
CCC ID#	Last Name	First Name	MI
Mailing Address		City	ST Zip Code
Telephone No. (include area code)		Email Address	

Students may receive all of their financial aid through CCC for courses taken concurrently at CCC and at another college (hereafter referred to as the Parent school) when the Parent school course(s) is required for the degree or certificate at CCC. The enrollment status of a student for financial aid purposes is based on the courses that are required for the degree or certificate at CCC at both CCC and the Parent school during the same semester.

STEP 1: STUDENT COMPLETES THIS SECTION AND SETS UP AN APPOINTMENT WITH A CCC ACADEMIC ADVISOR BY CALLING 928-226-4323 OR STOPPING BY STUDENT SUPPORT SERVICES

I agree to successfully complete _____ credit hours at CCC and _____ credit hours at _____ Name Of Host School

During semester: Fall 2017 Spring 2018 Summer 2018

I have attached a copy of my schedule showing the courses below and the start and end date from my Parent School. If not attached, Agreement will be denied.

Course Title at Parent School <small>(Do not include CCC courses)</small>	Course Number at Parent School	Course Equivalent at CCC <small>(how will it transfer to CCC)</small>	Credit Hours

I understand and agree to the terms outlined on both sides of this form. I understand that failure to include a schedule from my Parent School for the courses listed above will result in denial of this agreement. I understand that I will need to make payment to my Parent School according to their payment policies. If I have tribal funding I will take responsibility for contacting and receiving approval from my tribal agency.

Student Signature _____ Date _____

STEP 2: CCC Academic Advisor completes this section verifying student is enrolled in required coursework for their degree at CCC. Student will then submit to their Parent School's Financial Aid Office.

I, the CCC Academic Advisor, verify that the course(s) listed in STEP 1 above are acceptable for transfer and are required for the student's degree at CCC. I have advised the student that no audit courses will be counted.

Total # of Credits approved from Parent School (from STEP 1 above) : _____

CCC Academic Advisor Signature _____ Telephone Number _____ Date _____

STEP 3: Non-Parent School's Financial Aid Office completes this section. Please fax to 928-226-4110 and email the form to: FINAID@COCONINO.EDU OR mail the form to: 2800 S LONE TREE DRIVE FLAGSTAFF AZ 86005

I agree to verify hours of enrollment, tuition/fees, and notify the CCC Office of Student Financial Aid of other resources being received by the student through the Parent institution and course adjustments. The student will need to make payment for these courses based on Parent School's payment policy.

Total tuition and fees at Parent (Non-Parent) Institution: \$ _____

Non-Parent Institution Financial Aid Office Signature & Title _____ Telephone Number _____ Date _____

STEP 4: CCC FINANCIAL AID OFFICE APPROVES OR DENIES

Approved Denied Denial Reason: _____

Incomplete

FAO Staff : _____ Date: _____

INDIVIDUAL CONSORTIUM AGREEMENT

(2017-2018 Academic Year)

2800 S Lone Tree Rd • Flagstaff, AZ 86005-2701 • PH: 928-226-4219 • FAX: 928-226-4110 • finaid@coconino.edu

STUDENT ELIGIBILITY REQUIREMENTS:

- ❖ Must be admitted and pursuing a degree program at Coconino Community College and be admitted to the approved Parent institution.
- ❖ Must have a complete financial aid file at CCC and only receive financial aid from CCC.
- ❖ Must complete the Consortium Agreement prior to any financial aid disbursement.
- ❖ Must enroll in transferable course(s) at the Parent institution that meet the CCC degree requirements. Refer to DegreeWorks along with meeting with your Academic Advisor to ensure the course(s) will transfer back to your degree at CCC.
- ❖ Must complete a new consortium agreement each semester and anytime there are changes to courses listed on original consortium agreement.

STUDENT RESPONSIBILITIES:

- ❖ Must maintain Satisfactory Academic Progress as outlined by the CCC Office of Student Financial Aid at www.coconino.edu/finaid (click on Satisfactory Academic Progress)
- ❖ The student is responsible for transferring earned credit hours from Parent institution to CCC by submitting an official academic transcript after grades are posted at the Parent institution.
- ❖ Must take a minimum of three hours at CCC, unless specific approval is given by the CCC Director of Student Financial Aid.
- ❖ Must notify and receive approval from tribal agencies if receiving tribal funding.
- ❖ Must make payment arrangements with Parent institution.
- ❖ At time of disbursement the student must be enrolled in the courses and number of credit hours approved through the agreement.
- ❖ Must notify a CCC Financial Aid Office of scholarships, waivers or other funding resources to be received at Parent institution.

ONCE THE SEMESTER HAS BEEN COMPLETED THE STUDENT WILL NEED TO:

- ❖ Send official academic transcript of transfer credit hours from the Parent institution to the CCC Office of Registration and Enrollment Services.