

Financial Aid Office

PO Box 496006, Redding, CA 96049-6006

Phone: (530) 242-7650

In certain cases, the school you are receiving Financial Aid from may agree to fund units being taken at another school if those units are required to complete your educational goal. This arrangement between schools is called a Consortium Agreement.

- ◇ Type on this form, or print legibly with blue or black ink.
- ◇ Complete all Fields. If something does not apply to you, please enter "N/A" or "0".
- ◇ The purpose of this agreement is to allow students pursuing a degree or certificate at Shasta College to enroll in transferrable coursework at other eligible institutions and receive financial aid for those units through Shasta College.

Page 1 – Student Data

- ◇ Select the semester you would like to arrange a consortium agreement.
- ◇ Initial each statement to indicate you have read and understand each statement.

Page 2 – Enrollment Confirmation (to be completed by the HOST institution)

- ◇ Confirm if the student is receiving financial assistance at your institution and indicate what assistance is being received.
- ◇ Confirm the student's enrollment status at your institution

Page 3 – Transcript Release Authorization

- ◇ Complete the authorization for Shasta College to request transcripts from your host college.
- ◇ Shasta College will submit this request on to the host college on your behalf after grades have posted.

Required Attachment – Comprehensive Educational Plan

- ◇ Meet with a Shasta College Counselor to create a comprehensive educational plan which includes the units you are enrolled at the Host College and all prior college units.

Submit This Form:

In person at Any Shasta College Campus

Main Campus 11555 Old Oregon Trail Redding, CA **Burney Campus** 37581 Mountain View RD. Burney, CA

Tehama Campus 770 Diamond Ave. Red Bluff, CA **Trinity Campus** 30 Arbuckle CT. Weaverville, CA

Submit by e-mail to:

financialaid@shastacollege.edu

Submit by mail to

Shasta College Financial Aid Office

PO Box 496006 Redding, CA 96049-6006

Financial Aid Office
PO Box 496006, Redding, CA 96049-6006
Phone: (530) 242-7650

Shasta College Staff Only

STAFF _____

To Be Completed by the Student:

☐ Fall ☐ Spring ☐ Summer **Year:** 2022-2023

First Name: _____ Last Name: _____ M.I.: _____

Shasta College Student ID # _____ Phone Number: _____

Mailing Address: _____

Email Address: _____

Home College: Shasta College
(Institution at which I will be enrolled and receiving aid)

Host College: _____
(Institution at which I will be concurrently enrolled)

Please initial each statement to indicate that you have read and understand the terms.

- _____ I understand that transferrable coursework taken at the designated host institution will be used to establish my enrollment status at Shasta College for the term listed above.
- _____ I understand that I must be enrolled in at least 6 units at Shasta College during the affected term in order to qualify for a consortium agreement with a host institution.
- _____ I understand that failure to complete the coursework at the host college may result in a Satisfactory Academic Progress (SAP) deficiency at Shasta. (More information found at www.shastacollege.edu/fa_sap).
- _____ I understand that if my enrollment status at the host institution changes at any point during the semester, it is my responsibility to notify Shasta College of the change in enrollment within ten business days.
- _____ I understand that, while concurrently enrolled at Shasta College and a host institution, I will receive financial aid Only at Shasta College. The California College Promise Grant (Formerly Board of Governors Fee Waiver) is the sole exception to this rule.
- _____ I understand that Shasta College will only fund units taken at a host institution if they are required for the degree/certificate program that I am pursuing at Shasta College.
- _____ I understand that I must submit an unofficial transcript showing my grades from the host institution for the above semester within 15 business days of the end of the term.
- _____ I understand that this completed agreement must be received by Shasta College no later than the fourth week of term for which I am requesting payment, and that it is my responsibility to ensure that the deadline is met.
- _____ I understand that failure to meet any part of this agreement may result in my having to repay funds received, based on this agreement, to Shasta College.
- _____ I authorize the sharing of information regarding financial aid, grades, and other related academic issues between Shasta College and the host institution.

Student Signature: _____ **Date:** _____

22-23 Consortium Agreement

To be completed by the Financial Aid Office at the HOST institution:

Is the above name student receiving Federal and/or state assistance through your institution for the enrollment period listed above?

☐ No ☐ Yes if yes, please state what assistance the student is receiving:

Is the student receiving a tuition fee waiver (e.g. California College Promise Grant) for the courses s/he is enrolled at your institution?

☐ No ☐ Yes

The total cost of tuition and mandatory fees is \$_____.

I certify that the above information is accurate.

Certifying Individual's Signature, Host Institution

Printed Name

To be completed by the Registrar at the HOST institution

Please list the courses that this student has fully registered for at your institution. Do not include any waitlisted or audited courses.

Course Number	Course Title	Units	Start Date	End Date	Date Registered
Example: ENGL-10B	<i>World Literature</i>	3	<i>mm/dd/yy</i>	<i>mm/dd/yy</i>	<i>mm/dd/yy</i>

Total number of units: _____ as of: _____ (MM/DD/YY)

I certify that the above information is accurate.

Certifying Individual's Signature, Host Institution

Printed Name/Title

Email Address

Phone Number



Transcript Release Authorization Form

Financial Aid Consortium Agreement

Admissions & Financial Aid Office

PO Box 496006, Redding, CA 96049-6006

Phone: (530) 242-7650

The student below is currently attending Shasta College and has indicated prior or current attendance at your institution. Shasta College is requesting Official Transcripts on behalf of the student in order to complete the Consortium Agreement requirements at Shasta College.

Student Information:

First Name _____ Last Name _____

Shasta College ID# _____ Date of Birth _____

Last 4 of Social Security # _____ Phone number: _____

E-mail Address _____

Institution Information

Name of school _____

Dates of Attendance _____

Prior Names Used _____

Send Transcripts to

Shasta College

ATTN: Financial Aid Consortium Agreements

P.O. Box 496006

Redding, CA 96049-6006

financialaid@shastacollege.edu

Student Authorization

I authorize the aforementioned institution to release my official transcripts to Shasta College. I understand I may incur charges for producing official transcripts. I agree to pay any official transcript fees charged by the institution.

Student Signature _____ **Date** _____

Shasta College is an equal opportunity educator and employer.

R:07/14/21