



## Consortium Agreement Application

Financial Aid Office

PO Box 496006, Redding, CA 96049-6006

Phone: (530) 242-7650

### To Be Completed by the Student:

☐ Fall ☐ Spring ☐ Summer **Year:** \_\_\_\_\_

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)

**Teaching 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 teaching college 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 teaching 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](http://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 teaching college, I will receive financial aid only at Shasta College. The California College Promise Grant 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 a Shasta College counselor approved educational plan with this application.
- \_\_\_\_\_ I understand that I must request and submit an official transcript showing my grades from the teaching college 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 the 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.

**To be completed by the Financial Aid Office at the Teaching College:**

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:

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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 Teaching College**

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

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