North Hennepin
Community College

Financial Aid Office
7411 85th Avenue North
Brooklyn Park, MN 55445-2299
Tel: 763-424-0728 Fax: 763-493-0589
financialaid@nhcc.edu
www.nhcc.edu/financialaid

Consortium Agreement for Non-MNSCU School 2013-2014

Last Name: _____ First Name: _____ Student ID: _____

Address (street, city, state, zip): _____

Email: _____ Phone: _____

Host College: _____ Term: _____

Complete this form if you are seeking a degree or certificate from NHCC and are requesting that coursework at another college be included in determining your financial aid award from NHCC. Before completing this form, review your NHCC award letter. If you qualify for the maximum amount of aid using only your NHCC credits, it is not necessary to pursue a consortium agreement.

Instructions

1. Meet with an NHCC academic advisor or counselor to select a class that is usable for your NHCC degree.
2. Register for class and attach proof of registration and tuition & fee charges to this form.
3. Take this consortium agreement to the host college's financial aid office for completion of their section of this form.
4. Read the consortium student conditions listed below and sign the form.
5. Return the completed form to the NHCC Financial Aid Office.
6. Notify your Host school that you will be getting your aid from NHCC.
7. It is your responsibility to make arrangements with Host school to prevent being dropped for non-payment.

Consortium Student Conditions

- I will provide official transcripts to NHCC with 10 days from the end of the term. If I do not provide the transcripts, I understand that all financial aid received for my consortium classes will be cancelled and I will repay the entire amount of aid that I received.
- I am responsible for making payment arrangements with the host college.
- I understand that the consortium course(s) will be included in measuring Satisfactory Academic Progress at NHCC.
- I will notify the Financial Aid Office at NHCC if I change my enrollment status at the host college.
- I authorize the host college to release my academic transcript and provide attendance information to NHCC.

Student Signature: _____ Date:_____

NHCC Advising Center: I recommend that the course(s) being taken at the Host institution be approved for the Financial Aid Consortium Agreement. North Hennepin Community College will accept the following course(s) for the student's NHCC degree or certificate program.

Advisor Signature: _____ Date:_____

Course #	Course Title	Credit #	Semester or Quarter term	Institution Name

Host College Financial Aid Office (required)– The student will <u>not</u> receive financial aid at this college.

Financial Aid Signature: _____ Date:_____

NHCC Financial Aid Office

☐ Approved ☐ Denied

☐ The consortium will not increase the amount of aid that you are eligible to receive. ☐ Incomplete

Notes: