

# CONSORTIUM AGREEMENT

Between

**Sauk Valley Community College**

and

\_\_\_\_\_  
Name of Visiting School

Sauk Valley Community College and the school named above are herein entering into a consortium agreement for:

Name of Student	ID/Social Security Number

For which session/semester are you completing this form? \_\_\_\_\_

**NOTE: Students must complete this form *each session/semester* for which they wish to receive financial aid under a consortium agreement.**

## Section I – General Eligibility

To qualify for financial aid the student must:

1. Be enrolled in a degree-granting program at SVCC and be making satisfactory academic progress as specified by the SVCC Standards of Academic Progress Policy.
2. Take courses at the Visiting School which are applicable to their degree program at SVCC.
3. Submit this completed form along with a copy of the registration form from the Visiting School to the SVCC Financial Assistance Office.
4. Submit grade transcripts from the Visiting School at the end of each semester for which they receive aid through a consortium agreement.
5. NOT to be receiving financial aid at the Visiting School.
6. Understand he/she is responsible for payment of all charges at the Visiting School.

## Section II – To be completed by student's SVCC Academic Advisor

How many of the credit hours which the student is taking at the Visiting School are applicable to their program at SVCC?

Please list the course(s) the student is taking at the Visiting School which are applicable to their program at SVCC:

Course Number & Title	Credit Hr.	Course Number & Title	Credit Hr.
Course Number & Title		Credit Hr.	
Academic Advisor's Signature	Printed Name		
Department	Telephone Number		

**Section III – To be completed by Visiting School’s Financial Aid Officer**

Will the student receive financial aid at your institution?

Yes

No

If “Yes,” STOP. Do not complete the remainder of this form. Please sign the form and return it to the student.

If “No,” please complete the remainder of this form.

Dates of Enrollment under this Agreement:

Number of Weeks of Instructional Time:

Tuition and Fees per credit hour:

\$

SVCC’s Financial Assistance Office will be notified by the **Visiting School** if the student withdraws from any classes taken under this agreement.

\_\_\_\_\_

Visiting School’s Financial Aid Officer’s Signature

\_\_\_\_\_

Please print or type name

\_\_\_\_\_

Telephone Number/E-mail Address

\_\_\_\_\_

Date

**Section IV – To be completed by the Student**

I understand that:

1. Courses I enroll in at the Visiting School must be applicable to my degree program at SVCC to qualify for financial aid.
2. I must be a degree-seeking seeking student at SVCC and making satisfactory academic progress as specified by the SVCC Standards of Academic Progress Policy.
3. I must submit this completed form from the Visiting School to my Financial Assistance Office.
4. I must submit grade transcripts from the Visiting School at the end of each semester for which I received aid through a consortium agreement.
5. I must NOT be receiving financial aid at the Visiting School.
6. I am responsible for payment of all charges at the Visiting School that are not covered by Financial Aid.
7. I must have on file at SVCC a copy of my registration from the Visiting School.

Further, I understand that funds will not be transferred to my SVCC student account until after enrollment is verified at the Visiting School.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

**Please return this form to the SVCC Financial Assistance Office.**