

Financial Aid Consortium Agreement



Pine Technical &
Community College

Purpose and Instructions

Purpose: The purpose of a Financial Aid Consortium Agreement is to give students the ability to receive financial aid for program-related courses taken at more than one institution. Federal regulations allow only one institution to pay a student financial aid for the same semester. Courses taken at both institutions **must** be required for the student's program of study. The degree-granting (i.e. "Home") Institution processes and pays the financial aid to the student.

Instructions:

- Complete the "Student Section"
- Meet with your academic advisor to determine if the course(s) is/are needed for your program of study and will be accepted in transfer.
- Have your academic advisor sign and date the "Degree or Certificate-Granting (Home) Institution Section"
- After registering for courses at the Host or Second Institution, contact the school about payment arrangements. **Note: Some Host Institutions require that you pay tuition and fees in full at the time of registration.**
- Return the completed agreement to the Financial Aid Office at Pine Technical and Community College. Incomplete agreements will not be processed.

Reminders

- Notify the Financial Aid Office at Pine Technical and Community College **BEFORE** making enrollment changes (adding courses, dropping courses, or withdrawing from courses).
- You are responsible for paying your bill at the Host Institution

Student Section

Name: _____ Tech ID: _____
Last First MI

Telephone: _____ PTCC Program: _____ Term/Year: _____

By signing, I understand the following: I cannot receive financial aid at two schools during the same term. I need to obtain the approval of my academic adviser for the consortium course(s). Enrollment in extended term and/or correspondence courses may have an impact on my financial aid. The consortium course(s), if approved, will be included in measuring Satisfactory Academic Progress at my home institution. **I cannot change my enrollment without notifying the Financial Aid Office at my home institution.** I authorize the Host Institution to release my academic transcript to Pine Technical and Community College. I am responsible for paying my bill at the host school.

Student Signature: _____ Date: _____

Host (Second) Institution Section

Institution Name: _____

Course #	Course Title	# of Credits

Degree or Certificate-Granting (Home) Institution Section

Home Institution: **Pine Technical and Community College, Records Office**
900 Fourth St SE, Pine City, MN 55063
PHONE/FAX: 320.629.5193 EMAIL: mollyann.mccann@pine.edu

Academic Advisor / Registrar: I recommend that the preceding course(s) be approved for the Financial Aid Consortium Agreement. Pine Technical and Community College will accept these courses as part of the student's degree or certificate program here. I have determined that there are no courses being offered by this institution that could be substituted for this (these) course(s) this term.

Academic Advisor/Registrar Name: _____

Signature: _____ Date: _____

Financial Aid and Registrar's Office Use Only

The F.A. Consortium Agreement is: Approved Not Approved

Credits at Host School: _____ Credits at Home School: _____ Total Credits: _____

Financial Aid Signature: _____ Date Entered in ISRS: _____