



2024-25 FINANCIAL AID CONSORTIUM AGREEMENT

Lower Columbia College, and _____
(Home Institution) (Host Institution)

STUDENT INFORMATION	
Last Name:	First Name:
Student ID #:	Email:

Select the quarter you are requesting a Consortium Agreement between the colleges listed above:

<input type="checkbox"/> Summer 2024	<input type="checkbox"/> Fall 2024	<input type="checkbox"/> Winter 2025	<input type="checkbox"/> Spring 2025
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CONSORTIUM AGREEMENT GUIDELINES

The Home and Host School can enter into a Consortium Agreement where a student is enrolled at and admitted as degree or certificate seeking student at Lower Columbia College (LCC) and may be approved for funding for credits taken at the Host Institution. All consortium credits must be applicable to the degree or certificate being pursued at LCC. This Consortium Agreement must be initiated at the beginning of the quarter and cannot be used retroactively.

- You must enroll in a minimum of three (3) credits at LCC that count toward your declared academic program at LCC.
- You are responsible for having credits attempted/completed at the Host Institution transferred to LCC.
- Credits transferred will count toward the degree or certificate in the same manner as any other credits received through LCC.
- All credits taken at the Host Institution will fall under LCC's financial aid satisfactory academic progress standards for federal and state aid.
- Quarterly, cumulative, and college level grade point averages of transfer credits are not factored into the LCC transcript.
- Future quarters of student aid will not be disbursed until grades are received.
- You must provide proof of registration at Host Institution to LCC along with this signed agreement for the term of Consortium Agreement.
- You must provide proof of satisfactory completion of coursework at Host Institution to the Financial Aid Office at LCC.

I have read the Consortium Agreement Guidelines and agree to follow them. I agree that financial aid will be awarded by the Home Institution, taking into consideration concurrent enrollment at both institutions to determine the amount of financial aid to be disbursed. I understand it is my (the student's) responsibility to pay all tuition and fees at the Host Institution in accordance with their requirements as funds will not be transferred between schools.

I agree to deliver a signed and completed Consortium Agreement to the Financial Aid Office of BOTH institutions. If I am unable to personally deliver this document and accompanying registration information, I agree to allow the school(s) to send a fax, email, or mail the information as needed.

Student's Signature: _____ Date: _____

This Consortium Agreement specifically concerns the Financial Aid Awards for the student listed on this form.

STUDENT ENROLLMENT INFORMATION - TO BE COMPLETED BY HOST INSTITUTION				
Dates of enrollment for the quarter:	Start:		End:	
Student will be enrolled in (#) _____:	<input type="checkbox"/> Credits	<input type="checkbox"/> Hours	<input type="checkbox"/> Units	<input type="checkbox"/> Other:
Total tuition and fees at Host Institution	\$ _____			

Staff Signature: _____ Date: _____
Financial Aid Administrator – Consortium – Host Institution

Staff Signature: _____ Date: _____
Financial Aid Administrator – Lower Columbia College – Home Institution