



CCSJ OFFICE OF FINANCIAL AID
CONSORTIUM AGREEMENT

Student's name Social Security #

DEADLINE: A complete Consortium Agreement must be received by the office of Financial Aid at Calumet College of St. Joseph at least one week prior to the semester for which the Consortium is sought.

DIRECTIONS: The student requesting a Consortium Agreement should complete Section I and Section II of this form. It is the student's responsibility to have Section III completed by their Academic Advisor and Section IV completed by the Consortium Institution. Return the Consortium Agreement to the Calumet College of St. Joseph Office of Financial Aid once all sections are complete. (Note: A student seeking a Consortium Agreement MUST be registered at least half-time at Calumet College of St. Joseph, the HOME INSTITUTION, during the semester for which the Consortium Agreement is requested.)

SECTION I: To be completed by the Office of Financial Aid at Calumet College of St. Joseph. In accordance with Section 690.8 of the Federal Regulations for the Pell Grant Program, Calumet College of St. Joseph, as the HOME INSTITUTION, is entering into a formal Consortium Agreement. With: FOR (Consortium Institution's Name) (Student's Name) For the approximate dates of to. This agreement will apply to: (check all that apply) Pell Grant Stafford Loan Campus-Based Aid

SECTION II: To be completed by the student - Read and sign below

- It is my understanding that I must be registered at least half-time at Calumet College of St. Joseph, the HOME INSTITUTION, during the semester for which the CONSORTIUM AGREEMENT is requested.
It is my responsibility to have the credits earned at the CONSORTIUM INSTITUTION transferred and applied to my degree requirements at CALUMET COLLEGE OF ST. JOSEPH, the HOME INSTITUTION. This must be done for each semester for which there is a Consortium Agreement. This must be done before a subsequent Consortium Agreement can be authorized.
Failure to maintain Satisfactory Academic Progress in my course of study could result in my being ineligible to receive financial aid through Calumet College of St. Joseph, the HOME INSTITUTION.
It is my responsibility to notify the Office of Financial Aid at Calumet College of St. Joseph, the HOME INSTITUTION, should I stop attending or change my enrollment. Failure to do this would be grounds for loss of financial aid at Calumet College of St. Joseph and the possible repayment funds.

Student's Signature Date

**SECTION III:** *To be completed by the student's Academic Advisor at Calumet College of St. Joseph.*

This is to clarify that the above referenced student is a student in good standing and has been granted permission to enroll in the following course(s) it is understood that the credits earned at the CONSORTIUM INSTITUTION. Upon the satisfactory completion of the course(s) it is understood that the credits earned at the CONSORTIUM INSTITUTION will be transferred and applied to the student's degree requirements at Calumet College of St. Joseph, the HOME INSTITUTION.

COURSE(S) APPROVED TO BE TAKEN AT THE CONSORTIUM INSTITUTION CR. HR

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

\_\_\_\_\_  
 Signature Department Date Advisor's

**SECTION IV:** *To be completed by the Office of Financial Aid at the CONSORTIUM INSTITUTION SCHOOL.*

\$ \_\_\_\_\_ Tuition and Fees  
 \$ \_\_\_\_\_ Books and Supplies  
 \$ \_\_\_\_\_ Maintenance Costs  
 \$ \_\_\_\_\_ Other: \_\_\_\_\_  
 \$ \_\_\_\_\_ Total Costs

Provide below the name and length of term(s) within the approximate dates indicated in SECTION I:

\_\_\_\_\_  
 Semester Length of Session # of Cr. Hrs.

\$ \_\_\_\_\_ Total amount of tuition and fees paid or to be paid for the term(s) listed by the student names in SECTION I at the CONSORTIUM SCHOOL.

**CERTIFICATION: (Read and Sign below)**

\* Calumet College of ST. Joseph, the HOME INSTITUTION, agrees to provide payment(s) to the student named in SECTION I, if eligible, under the Pell Grant, Campus-Based and/or Stafford/Plus programs as appropriate for the term (s) specified above.

\*The CONSORTIUM INSTITUTION agrees NOT to provide Pell Grant, Campus-Based and/or Stafford/Plus program payments to the student named in SECTION I during the term(s) specified; and further agrees to notify Calumet College of St. Joseph, the HOME INSTITUTION, if the student in SECTION I withdraws from all classes at the CONSORTIUM INSTITUTION prior to the conclusion of the term specified in SECTION IV.

\_\_\_\_\_  
 Consortium Institution-Director of Financial Aid Date

\_\_\_\_\_  
 Home Institution-Director of Financial Aid Date