



2010-2011 Consortium Agreement

A Consortium Agreement is an agreement between the student, the Home Institution (CCC) and the Host Institution to allow the financial aid office at the Home Institution (CCC) to consider the credits at the Host Institution when processing financial aid.

Host Institution Name: _____

Student Name: _____
Last First MI

SSN: _____ CCC Student ID: _____

Enrollment Period: SU/10 FA/10 WI/11 SP/11

Total CCC Credit Hours: _____ Total Host Credit Hours: _____

List the courses to be taken at the Host institution:

Table with 3 columns: Dept/Course, Title, Credits. It contains three empty rows for listing courses.

You must attach a copy of your registration from the host institution.
You must be enrolled for a minimum of 6 credit hours at CCC to receive aid.
You may only enroll for 100 & 200 series classes at the host institution.

Part I: Student Certification

I understand that by signing this agreement, I am asking Clackamas Community College to pay Title IV financial aid to me for classes that I agree to complete at the HOST institution. I realize that I am responsible for paying any fees to the HOST institution. I understand it is my responsibility to provide a final official transcript to CCC at the end of each enrollment period, and to inform the Office of Financial Aid if I withdraw, drop or cancel a consortium class.

I understand that this consortium agreement will terminate immediately following the conclusion of the enrollment period indicated above and that I will need to complete a new consortium agreement for each period of attendance at the visiting institution. My CCC academic advisor has approved these courses as applicable to my CCC degree program.

To the best of my knowledge all of the information provided on this form is true and complete.

Student Signature: _____ Date _____

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Check your myClackamas account for all financial aid correspondence and your Award Letter

Fax, e-mail, mail, or return this form in person to:

Student Financial Services · Roger Rook Hall · 19600 Molalla Avenue Oregon City OR 97045

Phone: 503-594-6100 Fax: 503-722-5864 · e-mail: finaid@clackamas.edu

www.clackamas.edu



Student: _____ SSN: _____ CCC ID: _____

Part II: Host Institution Certification

Host Institution Name: _____ **School Code** _____

The student submitting this form to you is requesting financial aid at Clackamas Community College under a consortium agreement with your institution. Please provide the information requested below. A completed copy of this form will be mailed to you.

Is the above named student receiving Title IV financial aid through your institution for the enrollment period listed in Section I? Yes _____ No _____

Is the student registered for the classes listed in Section I? Yes _____ No _____

These classes begin on _____ and end on _____.
mm/dd/yyyy mm/dd/yyyy

The total cost for these classes is \$ _____.

I certify that the information provided above is accurate. I agree to notify the Office of Financial Aid at Clackamas Community College if this student withdraws from any of these classes.

Financial Aid Office Representative

Date

Part III: Home Institution Certification

Clackamas Community College agrees to pay Title IV Financial Aid based on the information provided in this consortium agreement.

Financial Aid Office Representative

Date

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