Financial Aid Consortium Agreement Instructions
MinnState Institutions

This consortium agreement is to be used by students who are getting their degree/diploma/certificate and financial aid from South Central College and wish to take coursework at another MinnState institution and have those credits included as part of their term credit load at SCC.

In order for this Financial Aid Consortium Agreement to be processed by SCC you must:

1. Register for your courses at SCC and the host institution
2. Complete the “Student Section”.
3. Take the Consortium Agreement and a print out of the enrolled courses to the Advising & Registration Center on the North Mankato Campus or the Student Affairs Center on the Faribault Campus.
4. You are responsible for adhering to the tuition/fee payment deadlines at the host institution. Approval of this consortium agreement DOES NOT relieve you of the obligation to pay your tuition/fees at the host institution when required.
5. **Money is not exchanged between institutions**; it is the student’s responsibility to make sure their bill is paid in full at the host institution.
South Central College
Financial Aid Consortium Agreement for MinnState Institutions
(Follow the instructions attached to this agreement)

STUDENT SECTION

Name __________________________ SSN __________________ SCC Student ID _________________
Address __________________________ City __________________ State ______ Zip __________
Telephone __________________________ Email ___________________ Term/Year ______________

Which SCC campus do you attend? ___ Faribault        ___ North Mankato

I understand: (Please check the box once you have read each statement)

☐ I cannot receive financial aid at two schools during the same term.
☐ The course(s) for which I am requesting the consortium agreement is/are required for my program at SCC.
☐ I need to obtain the approval of my Faculty or Academic Advisor for the consortium course(s).
☐ I must attach a copy of my course registration from the host institution.
☐ The consortium course(s), if approved, will be included in measuring Satisfactory Academic Progress at my home institution.
☐ I cannot add or drop courses at the host institution without notifying the Financial Aid Office at SCC once this Financial Aid Consortium Agreement has been submitted.
☐ A Consortium Agreement must be completed for each host institution that I am attending.

South Central College is designated as my home institution (the institution where I will receive my degree) and I will receive financial aid from SCC for the term specified on the Consortium Agreement.

Name of Host Institution(s): __________________________________________________________
(name of institution offering the course(s))

Name(s) of course(s): ________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Reason(s) for taking the course(s) at another institution: _________________________________
________________________________________________________________________________
________________________________________________________________________________
Student Signature ___________________________________________ Date ______________________

TO BE COMPLETED BY FACULTY OR ACADEMIC ADVISOR
South Central College

Home Institution: South Central College, Financial Aid Office, 1920 Lee Boulevard, North Mankato, MN 56003
507-389-7475 (phone)  507-389-7419 (fax)

Faculty or Academic Advisor: I recommend the course(s) being taken at the Host institution be approved for the Financial Aid Consortium Agreement.

☐ I confirm course(s) are required for the student's declared degree at South Central College.
☐ I confirm courses are equivalent in Transferology and SCC will accept these courses as part of the student's degree here.

Faculty or Advisor Signature ________________________________ Date ______________________