

Financial Aid Consortium Agreement Instructions Non-MnSCU Institutions ONLY

This consortium agreement is to be used by students that are getting their degree/diploma/certificate and financial aid from South Central College and wish to take coursework at another non-MnSCU 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's Financial Aid Office you must:

1. Register for your courses at SCC and the host institution
2. Complete the "Student Section"
3. Take the Consortium Agreement to the second (Host) institution. The Financial Aid Office at the school you are visiting must complete the "Host Institution Section."
4. Take the Consortium Agreement to your SCC academic advisor or Transfer Coordinator for completion of the "Degree/Diploma/Certificate Granting (Home) Institution Advisor Section."
5. Return the Consortium Agreement to the Financial Aid Office at SCC. You **MUST** attach the pertinent term's proof of registration as well as your fee statement from the second (Host) institution.
6. Submit an official academic transcript from the host institution to South Central College upon completion of the term covered by this consortium agreement. A hold will be placed on all future financial aid disbursements until an official academic transcript has been submitted to SCC.

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. 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.

Without proof of registration, fee statement and all three sections completed, the Consortium Agreement will be returned to you unprocessed.

South Central College
Financial Aid Consortium Agreement for Non-MnSCU Institutions ONLY
(Follow the instructions attached to this agreement)

STUDENT SECTION

Name _____ SSN _____ SCC Student ID _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Email _____ Term/Year _____

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

- I cannot receive financial aid at two schools during the same term.
- I need to obtain the approval of my academic advisor or Transfer Coordinator for the consortium course(s).
- I must attach a copy of my course registration and detailed fee statement from the host institution to this form.
- 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.
- I will provide an official academic transcript from the host institution to SCC once the term has concluded and my grade is posted.
- I authorize the host institution to release my academic transcript to South Centrao College.

Student Signature _____ Date _____

HOST INSTITUTION SECTION

Institution Name _____

Please provide a copy of the student's detailed term course registration and bill.

The student has registered for the courses on the attached detailed course registration statement. **The student will not receive financial aid at this institution.** Our institution agrees to provide an official academic transcript, at no charge, to South Central College at the conclusion of the term covered by this agreement.

Financial Aid Administrator
Printed Name _____ Signature _____ Date _____

DEGREE/DIPLOMA/CERTIFICATE GRANTING (HOME) INSTITUTION ADVISOR SECTION

Home Institution: South Central College, Financial Aid Office, 1920 Lee Boulevard, North Mankato, MN 56003
507-389-7424 (phone) 507-389-7419 (fax)

Academic Advisor or Transfer Coordinator: I recommend that the course(s) being taken at the Host institution be approved for the Financial Aid Consortium Agreement. South Central College will accept these courses as part of the student's degree/diploma/certificate program here. I have determined that there are no courses offered by this institution that could be substituted for this (these) course(s) this term.

Printed name _____ Signature _____ Date _____

Financial Aid Office use only

This Financial Aid Consortium Agreement is _____ Approved _____ Not Approved

Credits at host school _____ Credits at home school _____ Total credits _____

If the host school is a non-MnSCU school, the course will need to be created Term Course.

Financial Aid Signature _____ Date _____