

# Instructions for Financial Aid Consortium Agreement for Non-MinnState Institutions ONLY



**SUBMIT COMPLETED FORM TO:  
Financial Aid Office**

South Central College, Financial Aid Office, 1920 Lee Boulevard | North Mankato, MN 56003  
financialaid@southcentral.edu | Fax: 507-389-7419

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-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's Financial Aid Office you must:**

1. Register for your courses at SCC and the host institution.
2. Complete the "Student Section" on the form.
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. Return the Consortium Agreement to the Financial Aid Office at SCC. You **MUST** attach the pertinent term's proof of registration as well as you fee statement from the second (Host) institution.
5. 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 both sections completed,  
the Consortium Agreement will be returned to you unprocessed.**

**All forms are due no later than:**

- \*Summer Semester 2026: Monday, June 1**
- \*Fall Semester 2026: Monday, August 24**
- \*Spring Semester 2027: Monday, January 11**

Form begins on next page ----->

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South Central  
COLLEGE

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## STUDENT SECTION

CAMPUS    Faribault    North Mankato    TERM    Fall    Spring    Summer    YEAR \_\_\_\_\_

Full Name \_\_\_\_\_ SCC Student ID \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### I understand: (Please check the box after reading 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 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 grade is posted.

**South Central College is designated as my home 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) offering the course(s): \_\_\_\_\_

Name of course(s): \_\_\_\_\_

Reason(s) for taking the course(s) at another institution: \_\_\_\_\_

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 \_\_\_\_\_

### CONFIDENTIAL INFORMATION

South Central College is asking you to provide private information in order to process your registration form. This information will be used to update your academic record. You are not legally required to provide this information; however, the college may not be able to effectively process your request if you do not provide sufficient information. Access to this information will be limited to school officials, including faculty who have legitimate educational interests in this information. Under certain circumstances, federal and state laws authorize release of private information without your consent; to other schools in which you seek or intend to enroll, or are enrolled; to federal, state, or local officials for purposes of program compliance, audit or evaluation; as appropriate in connection with your application for, or receipt of financial aid; if the information is sought with a court order or subpoena; or as otherwise permitted by other state or federal law.



MINNESOTA STATE

South Central College,  
a member of the Minnesota State system

An affirmative action, equal opportunity employer and educator. This document is available in alternative formats to individuals with disabilities, consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service.