# OVER PARK ECHNICAL COLLEGE

## **STUDENT AID & SCHOLARSHIPS** CONSORTIUM AGREEMENT

### CONSORTIUM AGREEMENT REQUEST AND GUIDELINES

A consortium agreement allows class credits taken at one institution ("host" institution) to be used for financial aid purposes at Clover Park Technical College, which serves as the "home" institution. Financial aid is then based on the combined credits from each school. Students only receive financial aid from their home institution. Students are responsible for paying their tuition at the host institution.

#### The following conditions must be met before the agreement is approved:

- The class or classes you take must meet degree requirements for your program at Clover Park Technical College.
- The class or classes are not offered at Clover Park Technical College.
- You must typically be enrolled for at least one credit at Clover Park Technical College.

#### Along with this completed request form, you must submit:

- a copy of your registration listing classes you are enrolled for (from the other school)
- a statement describing the reasons for requesting an agreement •
- a signed and dated statement from your academic advisor confirming that the class is not offered at Clover Park • Technical College and is a requirement for your degree program

#### Return form to: Celva Boon, Director or Lisa Fortson, Assistant Director Student Aid & Scholarships Office, Bldg. 17 253 589-5822/253 589-5688

#### Please allow at least four weeks for processing.

Name: Social Security Number or CPTC Student ID Number: Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Quarter/Year requesting consortium agreement: \_\_\_\_\_\_ CPTC Advising Office confirmation of classes needed: \_\_\_\_\_\_

I understand it is my responsibility to pay tuition and fees directly to the host institution. I authorize both institutions to share access to grade reports and other official admissions records.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rev 4/23/20

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The purpose of this Consortium Agreement is to establish that Clover Park Technical College considers the following student to be enrolled in an eligible program and accepts those credits that are earned at \_\_\_\_\_\_ toward the degree at Clover Park Technical College. Clover Park Technical College will be considered the home institution and \_\_\_\_\_\_ the host institution.

Student name

Social Security Number or CPTC SID

Clover Park Technical College will be responsible for awarding and disbursing all financial aid for the period covered by this agreement, and the home institutions refund and satisfactory progress policies shall apply. Cost of attendance will be based on the home institution costs and the home institution will retain records.

\_\_\_\_\_\_ agrees not to award financial aid to the student for the period of

this agreement.

This agreement is effective for: \_\_\_\_\_\_.

Please sign and return.

Signature of Student Aid & Scholarships Office Director/Assistant Director (Host College) Printed Name of Student Aid & Scholarships Office Director/Assistant Director

(Name of Host College)

Address

Phone Number

Date

City, State, Zip Code