

COMPLETE AND RETURN TO:

4500 Steilacoom Blvd. SW Bldg. 17, Room 130 Lakewood, WA 98499-4004

School Code: 015984

253.589.5660 office

253.589.5618 fax

Email: finaid@cptc.edu

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:	
CPTC Advising Office confirmation of classes neede	ed:	
I understand it is my responsibility to pay tuition a to share access to grade reports and other official	and fees directly to the host institution. I authorize both institutions admissions records.	
Student Signature:	Date:	

CONSORTIUM AGREEMENT

The purpose of this Consortium Agreement is t considers the following student to be enrolled in that are earned at toward Clover Park Technical College will be considered t institution.	n an eligible program and accepts those credits d the degree at Clover Park Technical College.
Student name	Social Security Number or CPTC EMPL ID
Clover Park Technical College will be responsible the period covered by this agreement, and the hopolicies shall apply. Cost of attendance will be basinstitution will retain records.	me institutions refund and satisfactory progress
agrees not to award	d financial aid to the student for the period of
this agreement.	
This agreement is effective for:	·
Please sign and return.	
	Printed Name of Student Aid & Scholarships
Signature of Student Aid & Scholarships Office Director/Assistant Director (Host College)	Office Director/Assistant Director
(Name of Host College)	
(realing or resource)	Phone Number
Address	Date