



NORTHLAND COMMUNITY AND TECHNICAL COLLEGE
THIEF RIVER FALLS/EAST GRAND FORKS
FINANCIAL AID CONSORTIUM AGREEMENT

DEGREE OR CERTIFICATE-GRANTING (HOME) INSTITUTION

Institution name: Northland Community and Technical College

Financial Aid Office Address: 1101 Hwy One East

City, State, Zip Code: Thief River Falls, MN 56701

For questions about this form, contact the staff person below who is responsible for the consortium agreement at the home institution:

Name: Gerald Schulte Telephone Number: 218.683.8557

STUDENT SECTION

Student Name: _____
Last First MI

Social Security Number: _____ Star ID/Student ID _____

Address: _____
City State Zip Code

Daytime telephone number: (____) _____ Email address: _____

Term/year for Financial Aid Consortium Agreement: _____

I understand all of the following: I cannot receive financial aid at two schools during the same term. I need to obtain the approval of my registrar/academic advisor for the consortium course(s). I am aware that enrollment in extended term and/or correspondence courses may have an impact on my financial aid. I will attach a copy of my registration at the host (second) institution to this form and, **if required by my home (degree or certificate-granting) institution, I will attach a paid fee statement.** The consortium course(s), if approved, will be included in measuring Satisfactory Academic Progress at my home institution. I am aware that I cannot change my enrollment without notifying the Financial Aid Office at my home institution. **I will provide an academic transcript from the host institution to my home institution once the term covered by financial aid consortium agreement has concluded.**

Student Signature: _____ Date: _____

DEGREE OR CERTIFICATE-GRANTING (HOME) INSTITUTION REGISTRAR/ACADEMIC ADVISOR SECTION

- I recommend that the following course(s) be approved for the Financial Aid Consortium Agreement. These courses will be accepted by this institution for the student's degree or certificate program. I have determined that there are no courses being offered by this institution that could be substituted for this course(s) during this term.
- I do not recommend that the following course(s) be approved for the Financial Aid Consortium Agreement.

Registrar/academic advisor signature: _____ Date: _____

Registrar/academic advisor printed name: _____

Title: _____ Telephone Number: (____) _____

Student Name: _____

Social Security Number: _____ Star ID/Student ID: _____

HOST INSTITUTION (SECOND INSTITUTION)

Course #	Course Title	# of credits	Term Type*	Term Dates	Instruction Mode*	Grading Option*	Tuition & fees paid: yes/no

***Term type:** semester, quarter, extended term, other. **Note:** Federal financial aid regulations subject courses that deviate substantially from the institution's standard term to more stringent treatment (e.g., and institution on the semester system offers an extended term course that allows more than six months for completion).

***Instruction mode:** on-campus, telecommunications, correspondence, other. On-campus includes face-to face, lecture/lab, etc. Please see definition of "telecommunications" and "correspondence" on the MnVU website: <http://www.mnvu.org> Click on Learner Services and then on Financial Aid. Note: Federal financial aid regulations subject correspondence courses to more stringent treatment than on-campus or telecommunications courses.

***Grading options:** A-F, S-N (satisfactory-unsatisfactory), audit, other.

The student has registered for the courses above.

Registrar signature: _____

Registrar printed name: _____ Date: _____

Institution name: _____

The student will not receive financial aid at this institution.

Financial Aid signature: _____ Title: _____

Financial Aid printed name: _____ Telephone Number: (____) _____

Institution name: _____ Date: _____

Comments: _____

Upon Completion, please return to the home institution (address on page 1).

DEGREE OR CERTIFICATE – GRANTING (HOME INSTITUTION): FOR OFFICE USE ONLY

This Financial Aid Consortium Agreement is _____ Approved _____ Not Approved

Credits at host school _____ Credits at home school _____ Total credit _____

Financial Aid signature: _____ Date: _____