

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: Lisa Bottem Telephone Number: (218) 683-8544

**STUDENT SECTION**

Student name: \_\_\_\_\_

Last

First

MI

Social Security Number: \_\_\_\_\_ 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.

Registrar/academic advisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar/academic advisor printed name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Student name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ 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: \_\_\_\_\_