

INDIVIDUAL CONSORTIUM AGREEMENT

(2018-2019 Academic Year)

2800 S Lone Tree Rd • Flagstaff, AZ 86005-2701 • PH: 928-226-4219 • FAX: 928-226-4110 • finaid@coconino.edu

CCC ID#	Last Name	First Name	MI
Mailing Address		City	ST Zip Code
Telephone No. (include area code)		Email Address	

Terms of Agreement:

1. Student is required to enroll at CCC and the non-parent school prior to submitting this form. A copy of the students' course schedule with the start and end dates at the non-parent school **must be attached to this form**.
2. Student is responsible for making payment arrangements at the non-parent school by their due date.
3. Student will be receive financial aid through CCC. Disbursement of financial aid will be based on CCC's disbursement schedule, which may not concur with the non-parent school. Financial aid records will be maintained at CCC
4. Student is responsible for completing enrollment at both schools for the period of this agreement.
5. Student must request an official academic transcript from the non-parent school at the end of the semester.
6. Students are subject to CCC's Satisfactory Academic Progress policy.
7. This agreement is valid only for the courses listed below that pertain to your program/major. Any course changes at the non-parent school will require a new agreement.

STEP 1: Student must complete this section with a CCC Academic Advisor. Call 928-226-4323 for an appt.

By signing this form, I acknowledge that I will abide by the terms listed above. Failure to do so voids this agreement which may disqualify me for financial aid.

Non-Parent School Name: _____

Semester: _____

Course Title at Non-Parent School <small>(Do not include CCC courses)</small>	Course Number Non-Parent	Course Equivalent at CCC <small>(how will it transfer to CCC)</small>	Credit Hours

Student Signature _____

Date _____

STEP 2: CCC Academic Advisor must complete this section. Student is responsible for submitting it to the Financial Aid Office at the non-parent school for completion of Step 3.

As this students CCC Academic Advisor, I verify that the courses listed in STEP 1 are acceptable for transfer and are required for the student's program/major at CCC. I have advised the student that no audit courses will be counted.

Total # of Credits approved from non-parent school (from STEP 1 above): _____

CCC Academic Advisor Signature _____

Telephone Number _____

Date _____

STEP 3: Financial Aid Office of non-parent school must complete this section and return to CCC Financial Aid using the CCC Secure Upload form at www.coconino.edu/upload.

I agree to verify hours of enrollment and tuition/fees. I will notify the CCC Office of Student Financial Aid of any resources awarded to the student at the non-parent institution and any course adjustments or withdrawals.

Total tuition and fees at non-parent Institution: \$ _____

Non-Parent Institution Financial Aid Office Signature & Title _____

Telephone Number _____

Date _____

STEP 4: CCC FINANCIAL AID OFFICE APPROVAL OR DENIAL

Approved Denied Denial Reason: _____
 Incomplete

CCC FA Staff : _____ Date: _____