



OFFICE OF STUDENT FINANCIAL AID
 2800 S Lone Tree Rd
 Flagstaff, AZ 86005-2701
 PH: 928-226-4219
 FAX: 928-226-4110
finaid@coconino.edu

INDIVIDUAL CONSORTIUM AGREEMENT

(2023-2024 Academic Year)



Scan the code on your phone and follow instructions to upload this document to CCC.

CCC ID#	Last Name	First Name	MI
Mailing Address		City	ST Zip Code
		@students.coconino.edu	
Phone # (include area code)	CCC Student Email Address		

Terms of Agreement: (Initial each item to indicate you have read and understand this Agreement)

1. ___ Student is required to enroll at CCC and the Non-Parent School before submitting this form. The Agreement must be submitted and approved before CCC disburses financial aid to the student. If received after disbursement, the student is not eligible.
2. ___ A copy of the student's course schedule with the start and end dates at the Non-Parent School **must be attached to this form**.
3. ___ Student is responsible for making payment arrangements at the Non-Parent School by their due date.
4. ___ Student will 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.
5. ___ No enrollment changes after the [Pell Recalculation Date](#). See the [Financial Aid Calendar](#) for the specific semester date.
6. ___ Student is responsible for completing enrollment at both schools for the period of this agreement.
7. ___ Student must request an official academic transcript from the Non-Parent School at the end of the semester.
8. ___ Students are subject to CCC's Satisfactory Academic Progress policy.
9. ___ 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 Consortium Agreement.

STEP 1: Students 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 from receiving financial aid. *I understand that if I choose to sign electronically, my electronic signature constitutes a binding contract and may not be denied legal effect, validity, or enforceability solely because it is in electronic form or because an electronic signature or electronic record was used in its formation.*

Non-Parent School Name: _____ **Semester:** _____

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



Student: Draw your signature with a mouse, touchscreen, or pen. Do not type.

STEP 2: CCC Academic Advisor must complete this section. The student is responsible for submitting it to the Financial Aid Office at the Non-Parent School for completion of Step 3.

As the student's 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 the Non-Parent School (from STEP 1 above): _____



CCC Academic Advisor: Draw your signature with a mouse, touchscreen, or pen. Do not type. Telephone Number _____ Date _____

STEP 3: Financial Aid Office of the Non-Parent School must complete this section and return it 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 School and any course adjustments or withdrawals.

Total tuition and fees at the Non-Parent School: \$ _____



Non-Parent FAO Signature & Title: Draw a signature with a mouse, touchscre, or pen. Do not type. Telephone Number _____ Date _____

STEP 4: CCC FINANCIAL AID OFFICE APPROVAL OR DENIAL

Approved Denied Denial Reason: _____
 Incomplete

CCC FAO Staff : _____ Date: _____

CAFA CASP CASU