

**ST. CLOUD TECHNICAL COLLEGE
FINANCIAL AID CONSORTIUM AGREEMENT**

STUDENT SECTION

Name _____ SSN _____ Student ID _____
Last First MI
 Address _____
Street City State ZIP
 Telephone # (____) _____ E-mail address _____ Term/Year _____

My initials by the following indicate that I understand:

- ___1. I cannot receive financial aid at two schools during the same term.
- ___2. Only courses required for my current program will be funded.
- ___3. Enrollment in extended term and/or correspondence courses may have an impact on my financial aid.
- ___4. I will attach a copy of my **registration** at the host (second) institution to this form and, I will attach a **paid fee statement**.
- ___5. The consortium course(s), if approved, will be included in measuring Satisfactory Academic Progress at my home institution.
- ___6. I cannot change my enrollment without notifying the Financial Aid Office at my home institution.
- ___7. I will provide an academic transcript from the host institution to my home institution once the term covered by the financial aid consortium agreement has concluded.
- ___8. Only courses for which I have registered before the end of the SCTC Add/Drop period to be considered.

Student signature _____ Date _____

HOST (SECOND) INSTITUTION SECTION

Institution Name _____ FICE Number _____

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., an 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 definitions 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 option:** A-F, S-N (satisfactory-unsatisfactory), audit, other.

The student has registered for the courses above.

The student will not receive financial aid at this institution.

Financial Aid Administrator printed name _____ Signature _____ Date _____

DEGREE OR CERTIFICATE-GRANTING (HOME) INSTITUTION SECTION

Institution name St. Cloud Technical College Telephone # (320) 308-5961

Financial Aid Office address 1540 Northway Drive St. Cloud MN 56303
Street City State ZIP

Financial Aid Office use only

This Financial Aid Consortium Agreement is: _____ Approved _____ Not approved
 Credits at host school _____ Credits at home school _____ Total credits _____

Financial Aid signature _____ Date _____