

**FINANCIAL AID CONSORTIUM AGREEMENT**

**STUDENT SECTION:**

Name \_\_\_\_\_ SSN \_\_\_\_\_ J # \_\_\_\_\_  
Last First MI  
 Address \_\_\_\_\_  
Street City State ZIP  
 Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_ Term/Year \_\_\_\_\_

I understand: I cannot receive financial aid at two schools during the same term. I need to obtain the approval of my registrar/academic adviser for the consortium course(s). 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. The consortium course(s), if approved, will be included in measuring Satisfactory Academic Progress at my home institution. I cannot change my enrollment without notifying the Financial Aid Office at my home institution. I will provide an OFFICIAL academic transcript from the host institution to my home institution once the term covered by the financial aid consortium agreement has concluded. I understand the tuition and fees incurred at the host institution are my responsibility.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**HOST (SECOND) INSTITUTION SECTION:**

Institution Name \_\_\_\_\_

Course #	Course Title	# of Semester Credits	Term Type *	Term Dates	Instruction Mode	Grading Option

**\*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. 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 host institution agrees to the following:

- The student has registered for the courses above.
- The student will not receive financial aid at this institution.
- The visited college will promptly notify the Financial Aid Office at Community College of Philadelphia if the student withdraws from any coursework or withdraws completely including the last date of attendance.

Financial Aid Administrator printed name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**DEGREE OR CERTIFICATE-GRANTING (HOME) INSTITUTION SECTION:**

Institution name: Community College of Philadelphia; Financial Aid Office address: 1700 Spring Garden Street, Room BG-3, Philadelphia, PA 19130; Telephone: (215) 751- 8271; email address: financialaid@ccp.edu

I recommend that the preceding course(s) be approved for the Financial Aid Consortium Agreement. This institution will accept these courses for the student's degree or certificate program.

Academic Advisor printed name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Financial Aid Office use only**

This Financial Aid Consortium Agreement is: \_\_\_\_\_ Approved \_\_\_\_\_ Not approved

Financial Aid signature \_\_\_\_\_ Date \_\_\_\_\_

*A consortium agreement can apply to all FSA programs. Under a consortium agreement, students may take courses at a school other than the home institution and have those courses count toward the degree or certificate at the home school. A student can only receive Title IV assistance for courses that are applicable to the student's certificate or degree program*

This consortium agreement is to be used by students who are getting their degree/certificate and financial aid from Community College of Philadelphia.

In order for the attached Financial Aid Consortium Agreement to be processed by the Office of Financial Aid at Community College of Philadelphia, you must:

1. Complete the Student Section.
2. Take the Consortium Agreement to the second (*Host*) institution. The Financial Aid Administrator at the other school must complete the "Host Institution Section".
3. Take the Consortium Agreement to a CCP academic counselor/adviser in the Academic Advising Center at the Main Campus, West Building, Room 1, First floor; for completion of the Degree or Certificate Granting (*Home*) Institution Advisor Section.
4. Return the Consortium Agreement to the CCP Office of Financial Aid. You **MUST** attach proof of registration from the second (*host*) institution.
5. Notify the Office of Financial Aid immediately if you drop your class(es).

**The Consortium Agreement will be returned to you unprocessed without the proof of registration and all three sections completed.**