Financial Aid Consortium Agreement

This consortium agreement is to be used by students who are getting their degree/certificate and financial aid from Anoka-Ramsey Community College (ARCC).

In order for the attached Financial Aid Consortium Agreement to be processed by the Anoka-Ramsey Financial Aid Office, you must:

1. Complete the “Student Section”;
2. Take the Consortium Agreement to an ARCC academic counselor/advisor for completion of the “Degree or Certificate Granting (Home) Institution Advisor Section”; and
3. Return the Consortium Agreement to the ARCC Financial Aid Office (you MUST attach the pertinent term’s proof of registration from the second (host) institution); and
4. At the end of the term covered by this agreement, you must provide an OFFICIAL academic transcript from any non-MNSECU school.
5. *Note: This agreement does not hold you in your courses at your host school. You will still be required to adhere to that school’s payment deadlines.

Without proof of registration and all three sections completed, the Consortium Agreement will be returned to you unprocessed.
METRO ALLIANCE

FINANCIAL AID CONSORTIUM AGREEMENT

STUDENT SECTION

Name_______________________________________________  SSN _______________________  Student ID __________________

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 academic counselor/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 any non-MNSCU 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______________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th># of Credits</th>
<th>Term Type*</th>
<th>Term Dates</th>
<th>Instruction Mode*</th>
<th>Grading Option*</th>
<th>Tuition &amp; Fees Paid: yes/no</th>
</tr>
</thead>
</table>

*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.

DEGREE OR CERTIFICATE-GRANTING (HOME) INSTITUTION SECTION

Institution name: Anoka-Ramsey Community College  Telephone: (763)433-1500

Financial Aid Office address: 11200 Mississippi Boulevard NW  Coon Rapids, MN 55433

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. I have determined that there are no courses being offered by this institution that could be substituted for this (these) course(s) this term.

Academic Advisor printed name________________________________________________________ Signature____________________ Date________

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Financial Aid Office use only

This Financial Aid Consortium Agreement is: _______ Approved _______ Not approved  *To Records (if applicable) _______

Credits at host school _________  Credits at home school _________  Total credits _________

Financial Aid signature____________________________________________ Date________  FA0207UG_______ 03/30/11