



KCTCS Consortium Agreement

Instructions for completing Consortium Agreement form

1. You should verify with the appropriate office, as required by your KCTCS college (Counseling Office, Records Office, Academic Advisor or Department Chairperson), that the classes from the visiting school are **required** toward your degree at your KCTCS institution.
2. You **MUST** be admitted in good academic standing as a degree-seeking student at a KCTCS college.
3. You **MUST** enroll in classes that are **required** for your degree program at your chosen KCTCS institution.
4. You **MUST** have your KCTCS HOME INSTITUTION (as identified below) federal school code listed on your FAFSA/SAR.
5. This Consortium Agreement **MUST** be completed and returned to your KCTCS Financial Aid Office no later than the Friday of the 1st week of classes.
6. It is your, the student's, responsibility to officially transfer visiting school course work to your KCTCS college. An official transcript of grades should be submitted to your Counseling Office, Records Office, Academic Advisor or Department Chairperson as required by your KCTCS college. Some Home schools require a transcript complete work at the end of the term to verify attendance of courses.
7. Your Financial Aid will come from your KCTCS college – **the tuition, fees and expenses at the Visiting institution will be your (the student's) responsibility.**

Consortium Agreement purpose

This AGREEMENT, made between the "HOME INSTITUTION" and the "VISITING INSTITUTION" provides documentation of cross-registration for the purpose of establishing eligibility for financial aid for the below-named student, hereinafter known as the "STUDENT."

A. HOME INSTITUTION (Student or Home institution advisor completes this section)

The Home Institution hereby agrees to accept as transfer credits, subject to its published policies and regulations, the courses listed below and apply those courses to the degree requirements of the student named in the section of this form.

Aid Year _____ Semester _____ HOME INSTITUTION Name _____ Address _____ City _____ State _____ Zip code _____

B. STUDENT INFORMATION (Student or Home institution advisor completes this section and Section A.)

By signing this form, I agree to all the requirements of this agreement and understand that I can receive financial aid **ONLY** from one campus at a time. I request that a formal Consortium Agreement be sent to the financial aid office at the HOME INSTITUTION listed below.

Last Name _____ First _____ MI. _____ Student's Signature _____ Date _____
 Address or P.O. Box (Include apt #) _____ Social Security # _____ KCTCS ID (EmplID) _____
 City _____ State _____ Zip Code _____ Date of Birth _____ Phone # (include area code) _____

C. VISITING INSTITUTION (Visiting institution completes this section and returns form to the Home institution listed in Section A.)

The Visiting Institution hereby agrees to accept the registration of the above STUDENT, subject to its published policies and regulations, for the following courses as a non-degree candidate who intends to transfer the credits earned to the HOME INSTITUTION. VISITING INSTITUTION must notify HOME INSTITUTION of any changes in enrollment as soon as possible.

Aid Year _____ Semester _____ VISITING INSTITUTION Name _____ Address _____ City _____ State _____ Zip Code _____

This agreement shall terminate at the conclusion of the term indicated below.

Dept	Course #	Course Title	Semester Hours
Total Credits			

An official transcript of grades should also be sent to the HOME INSTITUTION listed below. Some KCTCS HOME INSTITUTIONS FA office require a transcript of grades be sent at the end of the term identified above.

Please complete the following using your full-time Pell cost of attendance figure for the academic year.

Pell Cost: _____ Tuition and Fees \$ _____ Beginning date of term _____ Ending date of term _____
 Month/Day/Year Month/Day/Year

ADVISOR'S USE ONLY
 I have reviewed this form and the course(s) listed above are **REQUIRED** and are **ACCEPTABLE** credit(s) toward the above named student's degree.
 I have drawn a ~~STRIKE THROUGH~~ line over all **NON-REQUIRED** and/or **NON-ACCEPTABLE** credit(s) toward this student's degree.
 Advisor's Initial _____ Date _____

KCTCS HOME INSTITUTION:

Signature of Authorized Official _____ Date _____
 Title of Authorized Official _____

VISITING INSTITUTION:

Signature of Authorized Official _____ Date _____
 Title of Authorized Official _____