Student Instructions for Financial Aid Consortium Agreement

1. **Submit completed, signed packet before Frozen Enrollment Date:**
   If you are interested in pursuing a “Consortium Agreement,” please be advised you must submit a complete packet to Financial Aid at Gavilan College prior to the frozen enrollment date. Financial Aid uses a frozen enrollment date each term to lock enrollment and your enrollment status for payment processing. Check with the Financial Aid Office for the semester’s frozen enrollment date.

   Frozen enrollment date: ____/____/____

2. **Take this packet to Host School:**
   The host school is the school which, if approved, will not pay you federal financial aid. Units from the host school will be paid by Gavilan College (home school).

   The following sections of the Consortium Agreement must be completed and certified by the following **officials at the host school**:
   - Part 1: Financial Aid Office
   - Part 2: Accreditation Official
   - Part 3: Admissions & Records Office
   - Don’t forget to provide a registration receipt for classes at host school.

3. **Meet with Gavilan Counselor once Parts 1 – 3 are Complete:**
   Make an appointment to see an Academic counselor at Gavilan College. The academic counselor will review courses from host school and determine if they apply to your major at Gavilan College. The counselor will complete Part 4.

4. **Submit Complete Packet + Registration Receipt to Financial Aid at Gavilan College.**

   ☐ Registration receipt for classes at host school.
FINANCIAL AID CONSORTIUM AGREEMENT
Between Gavilan College
(Home school)
AND
(Host school)

PART 1: To Be Completed by Financial Aid Director at Host School
Under the arrangements of financial aid for:

Student Name ___________________________ Social Security Number ______________________
during the period of _________________ through _____________________, the individuals
authorized to sign below, certify and agree to the following:

1. Gavilan College is considered the parent (home) school for all federal, Title IV financial aid
matters although the student will be taking certain approved courses at the host school named
above.
2. The host school is an eligible institution for Title IV funding under the Higher Education Act and
will assist in the release of financial aid funds to the student if requested.
3. The allowable cost of attendance at Gavilan College will be used to calculate Federal student
Financial Aid eligibility for student under consortium agreement.
4. A student must be enrolled in at least six (6) units at Gavilan College during the semester for
which the agreement applies.
5. The host school will furnish Gavilan College with confirmation of the student’s enrollment,
withdrawals, grades and other information related to academic progress.
6. The host institution agrees that the student may receive Financial aid only at Gavilan College
during the semester for which the agreement applies.
7. This agreement does not apply to enrollment or aid for the Summer term.

On behalf of Host school:

________________________________       _____________________________________
Signature of Director/ Financial Aid Officer at host school       Printed Name of Director
____________________________________________________________________
Date

PART 2: To Be Completed by Accreditation Official at Host School
Certification of institution Accreditation by Host school.
We certify that our institution: ________________________________
Name of Institution
is accredited by ________________________________
Name of accrediting Agency

________________________________       _____________________________________
Signature of Campus Official Responsible for Accreditation       Printed Name and Title
____________________________________________________________________
Title                   Date
PART 3: To Be Completed by Registrar at Host School

Identification of Courses:

Total class hours, name of class and total clock hours enrolled in by the student at host school during:

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<th>Term</th>
<th>Year</th>
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<thead>
<tr>
<th>Course Title</th>
<th>Total Class Hours Required</th>
<th>Total hours Completed</th>
<th>Beg/End Dates</th>
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*Please attach registration receipt with courses listed above.*

Signature of Registrar at Host school

Print Name of Registrar

Date

Equivalent of above clock hours in semester units as determined by Host school for courses listed:

<table>
<thead>
<tr>
<th>Class Title</th>
<th>Clock Hours Enrolled</th>
<th>Equivalence of Semester Units</th>
<th>Beg/End Dates</th>
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Signature of Registrar at Host School

Date
PART 4: To be Completed by Gavilan College Counselor

COURSE EVALUATION

Student: _____________________________

Term: _____________________

a. Gavilan College considers the afore-named student a regular student in the following program of study at Gavilan College:

__________________________________________________________

b. The following courses:

__________________________________________________________

_____________________________________________________________________________

from _______________________________________________________

(Name of host school)

have been approved for transfer to the following program of study at Gavilan College

(Program of Study)

c. Successful completion of courses listed above will allow student to confer the following from Gavilan College (please check those that apply):

☐ Transfer requirements for:__________________________________________________

(Name of College/University)

☐ AA Degree in:____________________________________________________________

☐ AS Degree in:____________________________________________________________

☐ Certificate of ________________________in:__________________________________

Signature of Gavilan College counselor __________________________ Date

Printed Name of Gavilan College counselor __________________________