

Name: _____ Gavilan ID: G00 _____

Student Email: _____

Student Instructions for Financial Aid Consortium Agreement

1. Take form to Host School. The host school is the school which, if approved, will not pay you federal financial aid. You would be requesting to have **units from the host school** paid by Gavilan College (home school).

The following sections of the Consortium Agreement must be completed and certified by the following officials:

- Part 1: Financial Aid Office
 - Part 2: Accreditation Official
 - Part 3: Admissions & Records Office
2. After Part 1 – 3 are completed by the Host School, return to Gavilan College and make an appointment to see an Academic counselor. The academic counselor will complete and certify Part 4.
 3. Turn in completed form **with ALL required signatures** to Financial Aid Office at Gavilan College.

Note: “Cross- enrollment” courses and other courses being taken at non-accredited schools are not eligible for consortium agreements.



Financial Aid Office
5055 Santa Teresa Blvd. ~ Gilroy, CA 95020 ~ Telephone: (408) 848-4727 ~ Fax: (408)848-4752

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:

Term	Year	Course Title	Total Class Hours Required	Total hours Completed	Beg/ End Dates
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*** Please attach registration receipt with courses listed above.**

Signature of Register at Host school

Print Name of Registrar

Date

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

Class Title	Clock Hours Enrolled	Equivalence of Semester Units	Beg/End Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Registrar at Host School

Date

PART 4: To be Completed by Gavilan College Academic Counselor

Gavilan College considers the afore-named student a regular student in the _____

_____ program and will confer a degree/certificate upon successful completion of the program.

The foregoing courses at _____ have been approved for transfer to the student's program at Gavilan College in the _____ program/major.

Counselor, Gavilan College

Date

Printed Name of Counselor, Gavilan College