

**STUDENT SECTION**

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TechID \_\_\_\_\_  
 Last, First

Address \_\_\_\_\_  
 Street City State ZIP

Telephone # ( ) - \_\_\_\_\_ E-mail Address \_\_\_\_\_ Term/Year \_\_\_\_\_ / \_\_\_\_\_

I understand:

- o I cannot receive financial aid at two schools during the same term.
- o I must obtain the approval of the Inver Hills Community College Registrar or Transfer Specialist for the consortium course(s).
- o Enrollment in extended term and/or correspondence courses may have an impact on my financial aid.
- o I will attach a copy of my registration for the Host Institution course(s) to this form.
- o The consortium course(s), if approved, will be included in measuring both Academic and Financial Aid Satisfactory Academic Progress at Inver Hills Community College.
- o I cannot change my enrollment without notifying the Office of Scholarships and Financial aid at Inver Hills Community College.
- o I will provide an academic transcript from the Host Institution to Inver Hills Community College when the term referenced in this agreement has concluded.

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**HOST (SECOND) INSTITUTION SECTION**

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

Course #	Course Title	# of Credits	Term Type*	Term Dates	Instruction Mode*	Grading Option*	Tuition & Fees Paid? Yes/No

**\*Term Type:** Semester, quarter, extended term, other. Note: Federal financial aid regulations subject courses that deviate 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, distance learning, other. On-campus includes face-to-face, lecture/lab, etc. Please see definition of "distance learning" on the MnVU website: <http://www.mnvu.org>.

**Grading Options:** A-F, S-N (satisfactory-unsatisfactory), P-NC (pass-no credit), audit, other.

- o The student has registered for the courses above.
- o The student will not receive financial aid at this institution.

Financial Aid

Administrator Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**INVER HILLS COMMUNITY COLLEGE (HOME INSTITUTION) SECTION**

Institution Name **Inver Hills Community College** Telephone # **(651) 450-3495** Fax # **651-450-3360**

Office of Scholarships and Financial Aid address 2500 East 80<sup>th</sup> Street, Inver Grove Heights, MN 55076

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.

Registrar/

Transfer Specialist Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office of Financial Aid use only**

This Financial Aid Consortium Agreement is:  Approved  Not Approved

Credits at Host Institution \_\_\_\_\_ Credits at Home Institution \_\_\_\_\_ Total Credits \_\_\_\_\_

Office of Financial Aid Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_