

**CONCURRENT ENROLLMENT CONSORTIUM AGREEMENT**

Name	Student ID	Phone	Semester
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SECTION A: TO BE COMPLETED BY THE STUDENT**HOST School:** _____

(Institution at which I will be concurrently enrolled)

HOME School: _____ **Mendocino College**

(Institution at which I will be enrolled and receiving aid)

Planned total units enrollment at HOST school for the above semester: _____

Planned total units enrollments at HOME school for the above semester: _____

Total units: _____

Specific transferable coursework to be taken at HOST school:

Course	# of Units	Class Days	Time	Transferable to MC?	
				YES	NO
				YES	NO
				YES	NO
				YES	NO

Student Agreement

1. I understand that, I must be enrolled in at least 6 units at Mendocino College in order to be eligible for financial assistance under a Consortium Agreement.
2. I understand that my transferable coursework listed above will be used to establish my enrollment status at Mendocino College for the above award period.
3. I understand that any changes in my enrollment at the **HOST** institution must be approved by the Director of Financial Aid at Mendocino College prior to making such changes at the **HOST** institution.
4. I understand that failure to complete the coursework at the **HOST** institution may result in a Satisfactory Academic Progress deficiency at Mendocino College and could affect my eligibility for continued financial assistance at Mendocino College.
5. I understand that while enrolled concurrently at Mendocino College and the **HOST** institution during the award period specified above, I may receive financial aid only at Mendocino College, my **HOME** campus.
6. I agree to provide verification of my enrollment in the above-listed classes prior to receiving assistance.
7. I agree to request that a copy of my transcript from the **HOST** institution be sent to the Mendocino College Admissions and Records Office within 10 days of completing such coursework.
8. I understand that if I fail to meet any part of this agreement I may be required to repay the funds advanced to me for enrollment at the **HOST** institution for the above specified award period.

Signature: _____

Date: _____

SECTION B: TO BE COMPLETED BY THE MENDOCINO COLLEGE FINANCIAL AID OFFICE

Check when completed:

Updated award to: Full-time Three-quarter time Half-time Date: _____

Sent copy to HOST school

Placed hold for verification of units completed and transferred to Mendocino College

CONSORTIUM AGREEMENT

BETWEEN

Mendocino College & _____

The purpose of this agreement is to allow Mendocino College students to enroll in transferable coursework at _____ and receive financial aid for those units at Mendocino College. For purpose of this agreement, Mendocino College will be considered the **HOME** campus and _____ the **HOST** campus. Students who benefit from this agreement will be eligible for financial aid assistance only at the **HOME** campus. Mendocino College will include the transferable courses in determining the enrollment status of Mendocino College students. The allowable costs for tuition, fees, books and supplies, room and board that will be used to calculate Title IV student financial aid eligibility for students under this Consortium Agreement will be those used by the Mendocino College, Financial Aid Office.

Both _____ and Mendocino College are eligible for Title IV funding under the Higher Education Act of 1965.

In order to benefit from this agreement, a student must:

- be admitted to Mendocino College, and
- have an approved financial aid package at Mendocino College, the **HOME** campus, and
- be enrolled in at least 6 units at Mendocino College during the semester for which this agreement applies, and
- be enrolled in courses that have been preapproved as applying toward the student's remaining degree or certificate requirements.
- Must submit to the Financial Aid Office at Mendocino College a complete Educational Plan that includes the courses taken at the **HOST** college.

Host School

Home School

Director of Financial Aid Signature Date

Director of Financial Aid Signature Date

Printed Name

Printed Name

Phone Number

Phone Number