



Office of Financial Aid
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Financial Aid Consortium Agreement

Name: _____ ACC Student ID#: S _____

Certificate/Degree plan at ACC: _____

A consortium agreement allows a student to receive financial aid for courses at another institution (HOST School) while taking courses and earning a degree/certificate at ACC (HOME School). As allowed in part 668.19, Student Assistance General Provisions, and Part 690.9, Pell Grant Program, Code of Federal Regulations, this Consortium Agreement is entered into between Arapahoe Community College (HOME School) and the HOST School (named below) for the purpose of providing federal financial assistance to the student named above.

Required documentation

- _____ Consortium agreement form.
- _____ Copy of the schedule from the HOST school for the term of this agreement.
- _____ Document showing the total cost of tuition and fees for the courses taken at the HOST school for the term of this agreement.
- _____ Copy of final grades no later than 14 days from the end of the term of this agreement.

Student Acknowledgement

Before you sign the form, read and initial the items below:

- _____ I understand that I must be enrolled in a minimum of Six (6) credit hours at ACC and up to twelve (12) credit hours for this enrollment period.
- _____ I understand I must be PELL eligible in order to apply for a consortium agreement.
- _____ I understand that I can only take courses at a HOST institution that are applicable to my degree/certificate at ACC.
- _____ I understand the course is required for my declared degree at ACC but is not offered or is full for this specific term OR I'm currently enrolled in a program that requires me to take specific courses at another institution.
- _____ I understand I'm responsible for the payment of tuition, fees and all incurred debt at the HOST School. ACC will not make payment to any other institution on my behalf.
- _____ I understand I must be a degree seeking student at ACC and I must be making satisfactory academic progress including receiving financial aid at ACC up to 150% of my declared degree
- _____ I will notify each school if I withdraw from any course(s) at either school.
- _____ I will submit a copy of final grades to ACC no later than 14 days from the end of the term. Failure to submit this will prevent us from disbursing any future aid.
- _____ I understand that failure to adhere to these requirements will cause a recalculation of my award which may result in a balance due.

Certification

1. ACC is the HOME institution for all financial matters.
2. ACC agrees to disburse all financial aid in accordance with federal and state regulations, as appropriate, for the term(s) specified by the HOST school. For details visit <https://www.arapahoe.edu/paying-college/financial-aid>.
3. The HOST school agrees NOT to process any federal, state and/or campus-based program financial assistance during the term(s) specified.
4. Financial Aid strongly recommends that you meet with a member of Academic Advising to ensure these courses will be applicable to your degree.

HOST School Information

HOST School name: _____ HOST Student ID: _____

HOST Phone: _____ HOST email address: _____

Academic Year: _____ Term: _____

Please list all courses you wish to apply to the consortium agreement for this term:

Course Name	Course Number	Credit Hours	Course begin and End Dates

Total costs for Consortium term (please include tuition and fees): \$ _____

Host School Certification (Must be completed by Host school’s financial aid office)

Certification: I have reviewed the course of study of the student listed and confirmed enrollment of the classes listed above. As the host school, we will not provide financial assistance to this student.

Signature- Host Institution (Financial Aid)

Date

I agree that this consortium agreement will be in effect only for the term and courses indicated above. If I take courses in the future at another institution, then I will have to complete another consortium agreement. I authorize ACC to collect any related records from the host as well as provide the host with any student information required. Additionally, I certify that I will remain enrolled in at least 6 credit hours at ACC for the consortium period.

Student Signature Please print this form and sign

Date

ACC Financial Aid Administrator Approval Signature

Date

