

The College of St. Scholastica
Student Requirements for Consortium Agreement 0910 School Year

1. Name: _____ CSS ID # _____
 Address: _____ Other School's ID# or SSN _____
 _____ Phone: (_____) _____ -- _____

2. Student's Major at St. Scholastica _____

3. I recommend that the following course(s) be approved for the Financial Aid Consortium Agreement. These courses will be accepted by St. Scholastica for the student's degree if the student satisfies the academic criteria as defined in the current St. Scholastica Catalog. I have determined that there are no courses being offered by St. Scholastica that could be substituted for this course(s) during this term.

Signature _____ Print Name: _____
David Bauman for all Traditional Undergraduate Students OR Academic Advisor for your specific program

4. Information about College to be attended: Fax: (_____) _____ - _____
 Name of College: _____ Telephone: (_____) _____ - _____
 Address: _____ City: _____ State: _____ Zip: _____

5. Consortium Course Information:

Course #	Course Name	Credits	Term Dates

6. Please indicate if you will be taking any *St. Scholastica* classes during the same term as the above courses.

Course #	Course Name	Credits	Term Dates

I understand that I cannot receive financial aid from two schools during the same term. I need to obtain the approval of my academic advisor or David Bauman for the consortium course(s). I am aware that enrollment in extended term and/or correspondence courses may have an impact on my financial aid. I will acquire a copy of my registration and fee statement and will submit this to St. Scholastica Financial Aid office when I turn in the signed Consortium Agreement.

I understand that the charges for the consortium course(s) are over and above the tuition charges at St. Scholastica, and my financial aid package may be adjusted to reflect this increase. Additional aid is contingent on approval from host school.

I must notify St. Scholastica if I drop or withdraw from any courses within this agreement. I understand that the consortium course(s), if approved, will be included in measuring Satisfactory Academic Progress at St. Scholastica. I will provide an academic transcript from the host college to St. Scholastica's Registrar's Office once the term covered by the financial aid consortium agreement has concluded. I understand that my grades for consortium classes will count toward my cumulative GPA at St. Scholastica.

I submit that the above information is complete and accurate. I understand that the consortium agreement could take 3-4 weeks to process.

Student Signature: _____ Date: _____
 (By signing this form I allow the host college to release my information needed to process this consortium)