FINANCIAL AID CONSORTIUM REQUEST

STUDENTS: Use this form to request a consortium, which would allow your primary college, either Foothill or De Anza, to include units taken at the other college to determine financial aid disbursement amounts. See your counselor first, then turn it in to the Financial Aid Office.

Foothill and De Anza Colleges will consider requests where all the following apply:

(Counselor, please check off which categories below apply to this student)

___Course is not offered at the primary college this quarter, OR
___Course is full at the primary college, AND
___Course offered at the other college is required for the academic program, AND
___Course is taken in the proper order for transfer or graduation requirements to be met, AND
___Student’s transcript shows a pattern of success, AND
___Student has reliable transportation, AND
___Student has a current educational plan with a counselor/academic advisor

Each quarter the student must obtain an educational plan developed with, and signed by, a counselor/academic advisor at their primary college to verify that the courses for that quarter at both institutions will apply toward their certificate, degree or transfer program. The primary college calculates and pays the student after receipt of this Agreement. The primary college is responsible for maintaining related records pertaining to eligibility, award calculation, payments, satisfactory progress and refunds according to their standard policies and procedures. Final determination for a student’s eligibility under the Consortium Agreement rests with the Director of Financial Aid at the primary college. Under federal regulations, deferment of loans requires at least half-time enrollment at ONE college.

Name ____________________________________  SID# _____________________ Quarter for Consortium ___________

STUDENTS: Why are you requesting to take the course(es) at the other college instead of your primary college?
________________________________________________________________________________________
________________________________________________________________________________________

I understand that, if approved, the course(es) will be included in units attempted for disbursement.

Student’s Signature ____________________________________________ Date ___________

COUNSELOR/ACADEMIC ADVISOR:
Current, signed, educational plan attached? Yes Which course(es) designated for consortium? ______________
Major in Banner (RSISTDN or SGASTDN) ________________
Comments: ___________________________________________________________________________________

I recommend this student for a Consortium and have checked the circumstances above that apply to this student. I have also discussed transfer planning and identified successful strategies for this student to use during this consortium quarter.

Counselor/AA Name Printed ___________________________ Counselor’s/AA Signature __________________________ Date ___________

For Financial Aid Office Only:
___approved  ___not approved: __________________________ Signature __________________________ Date ___________

2/29/12