

CONSORTIUM AGREEMENT

The purpose of this agreement is to allow San Mateo County Community College District (SMCCCD: Cañada College, College of San Mateo, or Skyline College) students to enroll in transferable coursework at _____ (**HOST**) AND receive financial aid for those units at their **HOME** college within the SMCCCD.

For purpose of this agreement, the SMCCCD College (Cañada College, College of San Mateo, or Skyline College) will be considered the **HOME** college and _____ the **HOST** college. The SMCCCD Financial Aid Office will include the units from such transferable courses in determining the enrollment status of SMCCCD students. The allowable costs of attendance at SMCCCD will be used to calculate Title IV federal student financial eligibility for students under this Consortium Agreement.

Both SMCCCD College (**HOME**) _____ and

(**HOST**) _____ are eligible for Title IV funding under the Higher Education Act of 1965.

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

1. Be admitted to SMCCCD
2. Have an approved financial aid package at SMCCCD, the **HOME** college;
3. Be enrolled in at least 6 units at **ONE** of the SMCCCD colleges during the semester for which this agreement applies;
4. List the Program of Study (POS) that you are pursuing at the **HOME** college you indicated above. Note: The POS must be Title IV eligible and match your comprehensive Student Educational Plan (SEP) _____
5. Receive pre-approval from the SMCCCD college that course(s) at _____

_____ (**HOST** college) apply towards remaining units required for student's approved POS;

Host College

Financial Aid Director or Designee Signature

Printed Name

Date

SMCCCD College

Financial Aid Director Signature

Printed Name

Date



SMCCCD Financial Aid Office
CONCURRENT ENROLLMENT AGREEMENT
(To be completed by student)

_____ Semester _____
Term Academic Year

Student Name _____ Student ID# _____

HOST College: _____
(Institution at which I will be concurrently enrolled)

SMCCCD HOME College: _____
(Institution at which I will be enrolled and receiving aid)

Total unit enrollment at the **HOST** college for the above semester: _____

Total unit enrollment at the **HOME** college for the above semester: _____

Total Units: _____

HOST course information:

COURSE NAME	COURSE NUMBER	NUMBER OF UNITS

Attach a copy of your class schedule with the above enrolled course(s)

Student Agreement:

6. I understand that, except for summer, I must be enrolled in at least 6 units at **ONE** of the SMCCCD college to receive financial aid under a Consortium Agreement.
7. I will attach a current comprehensive SEP from my SMCCCD college that lists the **HOST** college courses required for my program of study.
8. I understand my program of study must be offered at the **HOME** college and listed on my SEP.
9. I understand coursework from the **HOST** college will count toward my enrollment status at the **HOME** college.
10. I agree to provide proof of enrollment in the listed **HOST** college classes before receiving financial aid.
11. I understand I can receive financial aid only from the **HOME** college while enrolled at both institutions.
12. I agree to submit a final grade report from the **HOST** college.
13. I understand that future financial aid may be delayed until my **HOST** college grades are reviewed.
14. I understand that failing to meet any part of this agreement may require repayment of financial aid.

SIGNED: _____ DATE: _____