

# **Normandale** *community college*

## **Financial Aid Consortium Agreement Instructions**

This consortium agreement is to be used by students that are getting their degree/certificate and financial aid from Normandale Community College and who wish to take coursework at another institution and have those credits included as part of their term credit load at Normandale.

In order for this Financial Aid Consortium Agreement to be processed by the Normandale Financial Aid and Scholarship Office you must:

1. Register for your courses at Normandale and the host institution.
2. Complete the "Student Section";
3. Take the Consortium Agreement to the second (Host) institution. The Financial Aid Administrator must complete the "Host Institution Section";
4. Take the Consortium Agreement to a NCC academic counselor for completion of the "Degree or Certificate Granting (Home) Institution Advisor Section";
5. Return the Consortium Agreement to the Normandale Community College Financial Aid and Scholarship Office. You **MUST** attach the pertinent term's proof of registration as well as your fee statement from the second (host) institution.
6. Submit an official academic transcript from the host institution to Normandale Community College upon completion of the term covered by this consortium agreement. A hold will be placed on all future financial aid disbursements until an official academic transcript has been submitted to Normandale.

You are responsible for adhering to the tuition/fee payment deadlines at the host institution. Approval of this consortium agreement DOES NOT relieve you of the obligation to pay your tuition/fees at the host institution when required.

**Without the proof registration, fee statement and all three sections completed, the Consortium Agreement will be returned to you unprocessed.**

Normandale Community College  
**FINANCIAL AID CONSORTIUM AGREEMENT**  
*(Follow the instructions on the back-side of this agreement)*

**STUDENT SECTION**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Student ID \_\_\_\_\_  
Last First MI  
 Address: \_\_\_\_\_  
Street City State ZIP  
 Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_ Term/Year: \_\_\_\_\_

**I understand:** I cannot receive financial aid at two schools during the same term. I need to obtain the approval of my academic adviser for the consortium course(s). Enrollment in extended term and/or correspondence courses may have an impact on my financial aid. I will attach a copy of my course registration and my detailed fee statement from the host (second) institution to this form. The consortium course(s), if approved, will be included in measuring Satisfactory Academic Progress at my home institution. I cannot change my enrollment without notifying the Financial Aid Office at my home institution. I will provide an official academic transcript from the host institution to my home institution once the term covered by the financial aid consortium agreement has concluded. I authorize the Host Institution to release my academic transcript to Normandale CC.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOST (SECOND) INSTITUTION SECTION**

Institution Name: \_\_\_\_\_

Course #	Course Title	# of Credits	Term Type*	Term Dates	Instruction Mode*	Grading Option*	Tuition & Fees Paid: yes/no

\*Term type: Semester, quarter, extended term, other. Note: Federal financial aid regulations subject courses that deviate substantially from the institution's standard term to more stringent treatment (e.g., an institution on the semester system offers an extended term course that allows more than six months for completion).

\*Instruction mode: On-campus, telecommunications, correspondence, on-line, other. On-campus includes face-to-face, lecture/lab, etc. Note: Federal financial aid regulations subject correspondence courses to more stringent treatment than on-campus or telecommunications courses.

\*Grading option: A-F, S-N (satisfactory-unsatisfactory), audit, other.

The student has registered for the courses above. **The student will not receive financial aid at this institution.** Our institution agrees to provide an official academic transcript, at no charge, to Normandale Community College at the conclusion of the term covered by this agreement.

Financial Aid Administrator printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEGREE OR CERTIFICATE GRANTING (HOME) INSTITUTION ADVISOR SECTION**

**Home Institution:** Normandale Community College Financial Aid and Scholarship Office  
 9700 France Avenue South, Bloomington, MN 55431 (952) 487-8250

**Academic Advisor:** I recommend that the preceding course(s) be approved for the Financial Aid Consortium Agreement. Normandale Community College will accept these courses as part of the student's degree or certificate program here. I have determined that there are no courses being offered by this institution that could be substituted for this (these) course(s) this term.

Academic Advisor printed name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Financial Aid and Scholarship Office use only**

This Financial Aid Consortium Agreement is: \_\_\_\_\_ Approved \_\_\_\_\_ Not approved

Credits at host school \_\_\_\_\_ Credits at home school \_\_\_\_\_ Total credits \_\_\_\_\_

Financial Aid Signature \_\_\_\_\_ Date \_\_\_\_\_