

FINANCIAL AID CONSORTIUM AGREEMENT

1700 Spring Garden Street, Room MG-15, Philadelphia, PA 19130
Telephone: (215) 751- 8271 Email: financialaid@ccp.edu

STUDENT SECTION:

Name _____ SSN _____ J # _____
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 a **permission letter** from the **Transcript Evaluation Office** 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 registration at 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 understand the tuition and fees incurred at the host institution are my responsibility.

HOST INSTITUTION SECTION:

Institution Name _____


Course #	Course Title	# of Semester Credits	Term Type *	Term Dates	Instruction Mode	Grading Option

***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, 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.
- The visited college will promptly notify the Financial Aid Office at Community College of Philadelphia if the student withdraws from any coursework or withdraws completely. Such notice will include the last date of attendance.

Financial Aid Administrator printed name _____ Signature _____  Date _____

Telephone: _____ Email: _____

Financial Aid Office use only

This Financial Aid Consortium Agreement is: _____ Approved _____ Not approved

Financial Aid signature _____ Date _____

Financial Aid Consortium Agreement

A *consortium agreement* can apply to all FSA programs. Under a consortium agreement, students may take courses at a school other than the home school and have those courses count toward the degree or certificate at the home school if approved. A student can only receive Title IV assistance for courses that are applicable to the student's certificate or degree program earned at the Community College of Philadelphia.

This consortium agreement is to be used by students who are obtaining their degree/certificate and financial aid from Community College of Philadelphia.

In order for the attached Financial Aid Consortium Agreement to be processed by the Office of Financial Aid at Community College of Philadelphia, you must:

1. Complete the Student Section.
2. Contact the Transcripts Department to obtain a permission letter for the courses registered at the Host school.
3. Take the Consortium Agreement to the Host school. The Financial Aid Office at the Host school must complete the "Host Institution Section".
4. Return the Consortium Agreement to the CCP Office of Financial Aid along with the permission letter from the Transcript Evaluation Department.
5. You are required to notify the Office of Financial Aid immediately if you drop your class(s).

Incomplete Consortium Agreements will not be processed. All sections must be completed and submitted along with a permission letter from the Transcript Evaluation Office and proof of registration from the host school.