



Consortium Agreement Instructions

Financial Aid Office

finaid@cuesta.edu (805) 546-3143

In certain cases, the school you are receiving Financial Aid from may agree to fund units being taken at another school if those units are required to complete your educational goal. This arrangement between schools is called a Consortium Agreement. The Host Institution will be where you take additional course(s) towards completing your degree at your Home Institution. Your Home institution will pay your Title IV aid.

- Type on this form, or print legibly with blue or black ink.
- Complete all Fields. If something does not apply to you, please enter "N/A" or "0".
- The purpose of this agreement is to allow students pursuing a degree or certificate at Cuesta College to enroll in transferable coursework at other eligible institutions and receive financial aid for those units through Cuesta College.

Page 1 – Student Data

- Select the semester you would like to arrange a consortium agreement.
- Initial each statement to indicate you have read and understand each statement.

Page 2 – Enrollment Confirmation (to be completed by the other "HOST" institution)

- Confirm if the student is receiving financial assistance at your institution and indicate what assistance is being received.
- Confirm the student's enrollment status at your institution

Required Attachment – comprehensive Student Education Plan

- Meet with a Cuesta College Counselor to create a comprehensive Student Education Plan which includes the units you are enrolled at the other "Host" College.

Submit This Form:

In person at Any Cuesta College Campus

Main Campus Highway 1, San Luis Obispo, CA 93403-8106

North County Campus 2800 Buena Vista Drive, Paso Robles, CA 93446

Submit by e-mail to:

finaid@cuesta.edu

Submit by mail to

Cuesta College Financial Aid Office

PO Box 8106 San Luis Obispo, CA 96049-6006



Consortium Agreement

Financial Aid Office (805) 546-3143

Cuesta College Staff Only

To Be Completed by the Student:

Fall _____ Spring _____ Summer _____

STAFF _____

First Name: _____ Last Name: _____ M.I.: _____

Cuesta College Student ID # _____ Phone Number: _____

Mailing Address: _____

Email Address: _____

Home College: Cuesta College

Host College: _____

(Institution at which I will be enrolled and receiving aid)

(Institution at which I will be concurrently enrolled)

Please initial each statement to indicate that you have read and understand the terms.

_____ I understand that transferrable coursework taken at the designated host institution will be used to establish my enrollment status at Cuesta College for the term listed above.

_____ I understand that I must be enrolled in at least 6 units at Cuesta College during the affected term in order to qualify for a consortium agreement with a host institution.

_____ I understand that failure to complete the coursework at the host college may result in a Satisfactory Academic Progress (SAP) deficiency at Cuesta. (Policy here: https://www.cuesta.edu/student/studentservices/finaid/fa_policies/S_A_P.html).

_____ I understand that if my enrollment status at the host institution changes at any point during the semester, it is my responsibility to notify Cuesta College of the change in enrollment within ten business days.

_____ I understand that, while concurrently enrolled at Cuesta College and a host institution, I will receive financial aid only at Cuesta College. The California College Promise Grant is the sole exception to this rule.

_____ I understand that Cuesta College will only fund units taken at a host institution if they are required for the degree/certificate program that I am pursuing at Cuesta College.

_____ I understand that I must submit an unofficial transcript showing my grades from the host institution for the above semester within 15 business days of the end of the term.

_____ I understand that this completed agreement must be received by Cuesta College no later than the third week of the term for which I am requesting payment, and that it is my responsibility to ensure that the deadline is met.

_____ I understand that failure to meet any part of this agreement may result in my having to repay funds received based on this agreement to Cuesta College.

_____ I authorize the sharing of information regarding financial aid, grades, and other related academic issues between Cuesta College and the host institution.

Student Signature: _____ **Date:** _____

Consortium Agreement

To be completed by the Financial Aid Office at the HOST institution:

Is the above named student receiving Federal and/or state assistance, through your institution for the enrollment period listed above?

No Yes if yes, please state what assistance the student is receiving:

Is the student receiving a tuition fee waiver (e.g. California College Promise Grant) for the courses s/he is enrolled at your institution?

No Yes

The total cost of tuition and mandatory fees is \$_____.

I certify that the above information is accurate.

Certifying Individual's Signature, Host Institution

Printed Name

Please list the courses that this student has fully registered for at your institution. Do not include any waitlisted or audited courses.

Course Number	Course Title	Units	Start Date	End Date	Date Registered
Example: ENGL-10B	<i>World Literature</i>	3	<i>mm/dd/yy</i>	<i>mm/dd/yy</i>	<i>mm/dd/yy</i>

Total number of units: _____ as of: _____(MM/DD/YY)

I certify that the above information is accurate.

Certifying Individual's Signature, Host Institution

Printed Name/Title

Email Address

Phone Number

This form contains personally identifiable information. It is important to safeguard your information. Cuesta College is an equal opportunity educator and employer.