



Financial Aid Office
 3300 College Drive
 Building 2, Room 2234
 San Bruno, CA 94066
 T: 650.738.4236
 F: 650.738.4425

Financial Aid – Consortium Agreement

1. Student Data

Student Name	G00	ID Number
Address		
City	State	Zip

2. For the following semester: (Circle one)

Fall 2011
 Spring 2012
 Summer 2012

3. Consortium Agreement

Host Campus	(Institution at which I will be concurrently enrolled)	Planned total unit enrollment at Host campus for above semester:
Home Campus	(Institution at which I will be enrolled and receiving aid)	Planned total unit enrollment at Home campus for above semester:

				Yes	No	
Dept.	No.	Course Title	Units	Transferable to Skyline?		Enrollment Verification (Host School Signature)
				Yes	No	
Dept.	No.	Course Title	Units	Transferable to Skyline?		Enrollment Verification (Host School Signature)

4. Student Agreement

- A. I understand I must be enrolled in at least six (6) units at Skyline College in order to be eligible for financial assistance under the Consortium Agreement.
- B. I understand my transferable coursework listed above will be used to establish my enrollment status at Skyline College for the above period.
- C. I understand any changes in my enrollment at the host institution must be approved by the Financial Aid Officer at Skyline College prior to making such changes at the host school.
- D. I understand any failure to complete the coursework at the host institution may result in a Satisfactory Academic Progress deficiency at Skyline and could affect my eligibility for continued financial assistance at Skyline College.
- E. I understand while enrolled concurrently at Skyline College and the host institution during the award period specified above, I may receive financial aid **ONLY** at Skyline College, my home campus.
- F. I agree to provide verification of my enrollment in the above listed classes prior to receiving assistance.
- G. I agree to request a copy of my transcript from the host institution be sent to the Skyline College Financial Aid Office within ten (10) days of completing such coursework.
- H. I understand any failure to meet any part of this agreement could result in repayment of funds advanced to me for enrollment at the host institution for the above specified award period.

Student Signature

Date