

We recommend making a copy of this page for your records and responsibilities.



**NORMANDALE**  
COMMUNITY COLLEGE

## **Financial Aid Consortium Agreement Instructions Non-Minnesota State Institutions ONLY**

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 non-Minnesota State College and University system 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 Normandale Academic Advisor/Counselor for completion of the "Degree or Certificate Granting (Home) Institution Advisor Section".  
**\*\*Caution\*\*** If you are currently under a Maximum Time Frame Appeal the consortium credits **MUST** be included on your degree plan to be eligible for financial aid.
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.

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 of registration, fee statement and all three sections completed, the Consortium Agreement will be returned to you unprocessed.**

Revised 7/16



# FINANCIAL AID CONSORTIUM AGREEMENT

## For Non-Minnesota State College/University Institutions ONLY

**STUDENT SECTION**

Name: \_\_\_\_\_ Star ID \_\_\_\_\_ NCC Tech 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. This application should be submitted and approved within the first 30 days of the semester.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOST (SECOND) INSTITUTION SECTION**

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

**Please printout and attach the student's detailed term course registration and well as their detailed fee statement.**

The student has registered for the courses on the attached detailed term course registration statement. **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) 358-8250

**Academic Advisor:** I recommend that the course(s) being taken at the Host institution 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 \_\_\_\_\_

**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 \_\_\_\_\_

If the host school is a non-Minnesota State school, forward agreement to the Records Office for appropriate entry in ST Term Management in ISRS

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