



Skyline College  
Financial Aid Office  
3300 College Drive, San Bruno, CA 94066  
(650) 738-4236 Main (650) 738-4425 FAX

### CONSORTIUM AGREEMENT

Skyline College (**HOME**) and \_\_\_\_\_ (**HOST**)

The purpose of the agreement is to allow Skyline College students to enroll in transferable coursework at \_\_\_\_\_ (HOST) AND receive financial aid for those units at Skyline College. For purposes of this agreement, Skyline College will be considered the **HOME** campus and \_\_\_\_\_ the **HOST** campus. The Skyline College Financial Aid Office will include the units from such transferable courses in determining the enrollment status of Skyline College students. The allowable costs of attendance at Skyline College will be used to calculate Title IV federal student financial eligibility for students under this Consortium Agreement.

Both \_\_\_\_\_ (HOST) and Skyline College (HOME) are eligible for Title IV funding under the Higher Education Act of 1965.

In order to benefit from this agreement, a student must:

1. Be admitted to Skyline College;
2. Have an approved financial aid package at Skyline College, the **HOME** campus;
3. Be enrolled in at least six (6) units at Skyline College during the semester for which this agreement applies;
4. Receive pre-approval from Skyline College that course(s) at \_\_\_\_\_ (**HOST** campus) apply towards remaining units required for student's approved educational program;
5. This agreement **does not** apply to enrollment or aid **for summer terms or sessions**.

_____ HOST COLLEGE	_____ <u>SKYLINE COLLEGE</u> HOME COLLEGE
_____ Financial Aid Director or Designee Signature	_____ Financial Aid Director Signature
_____ Printed Name	_____ Printed Name
_____ Date	_____ Date

**Skyline College Financial Aid Office  
CONCURRENT ENROLLMENT AGREEMENT  
(To be completed by student)**

\_\_\_\_\_ **Semester** \_\_\_\_\_  
Term Academic Year

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

HOST Campus: \_\_\_\_\_  
(Institution at which I will be concurrently enrolled)

HOME Campus: **SKYLINE COLLEGE**  
(Institution at which I will be enrolled and receiving aid)

Total unit enrollment at the **HOST** campus for the above semester: \_\_\_\_\_

Total unit enrollment at the **HOME** campus for the above semester: \_\_\_\_\_

Total Units: \_\_\_\_\_

HOST course information:

COURSE NAME	COURSE NUMBER	NUMBER OF UNITS

Attach a copy of your class schedule with the above enrolled course(s)

**Student Agreement:**

1. I understand, except for summer periods, I must be enrolled in at least six (6) units at Skyline College in order to be eligible for financial assistance under a Consortium Agreement.
2. I will attach a current comprehensive Student Educational Plan (SEP) from Skyline College that indicates the courses from the HOST college are required for my educational goal at Skyline College.
3. I understand my transferable coursework listed above will be used to establish my enrollment status at Skyline College for the period above.
4. I agree to provide verification of my enrollment in the above listed classes prior to receiving financial assistance.
5. 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.
6. This agreement does not apply to enrollment or aid for summer terms or sessions.
7. I agree to submit a copy of my final grade report from the host institution.
8. I understand that my subsequent financial aid disbursement may be delayed pending review of my final grades from the HOST campus.
9. I understand failure to meet any part of this agreement could result in repayment of funds advanced to me for enrollment at the home institution for the above specified award period.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_