## **Application for Consortium/Contractual Agreement**

Name	, SS#		, P	hone #	Request that a	
consortium/co	ntractual agreement be mad	de on my b	ehalf for		_semester, 20, between:	
1. Host Institution		ar	and		Home Institution	
Classes to be t	aken at the Host Institution:			Home	Financial Aid Office 1115 N. Roberts Street Helena, Mt 59601 Fax: (406)447-6397 Credits:	
<u>Class #</u> 	<u>Class Name</u>		<u>Cred</u>	<u>its</u>	Total enrollment credits at both Host and Home Institutions: <b>Enter total credits</b> .	
,	ve-named student has been ap I toward the student's degree o	•			lost/Home School and that the credits Montana or the Host School.	

(In some cases these credits will be transferred to a four year institution and signature should be from Host school Registrar).

Advisor/Registrar	Printed Name/ Title	Date	Telephone	
2. Completed by Financ	cial Aid at Host Institution	3. Home Institution Section		
Total Credits	Period of Enrollment From To	Total Credits	Semester	
Tuition & Fees \$ Books & Supplies Room & Board Other Expenses Total	\$ \$	Tuition & Fees Books & Supplies Room & Board Other Expenses Total	\$  \$	
Host Institution's Signature Printed Name & Title		Home Institution Signature		
Date	Telephone	Date		

1. The institutions named above agree to enter into an agreement as allowed by Part 668019, Student Assistance Gen. Provisions.

2. The Host institution agrees NOT to provide financial assistance to the student for the term as listed,

3. In case the student withdraws from school, the Host institution agrees to promptly notify Helena College in writing so that adjustments or cancellation of aid can be made where appropriate.

I certify that the information provided on this form is true and complete to the best of my knowledge. By signing this form I acknowledge that I have read and agree with the terms stated on the Student Certification Agreement, accompanying this form. I understand that I am responsible for paying any charges at the Host Institution. I have read the Student Certification Agreement (Initials)



## Student Certification for Consortium/Contractual Agreement

- 1. I understand that either Host or Home Institution may decline to participate in this consortium agreement.
- 2. I understand that I must be fully accepted in a certificate or undergraduate degree program at Helena College and that courses I am taking at the Host Institution must be transferable and apply toward my degree at Helena College and/or the Host Institution.
- 3. I understand that I must be registered at the Host school before any Title IV financial aid will be disbursed to me from Helena College.
- 4. I understand that it is my responsibility to pay for costs at the Host school and other costs not covered by financial aid.
- 5. Aid can be disbursed only after I have an official award and verification of enrollment, but no earlier than the census date based upon Helena College's calendar.
- 6. I understand that if the Host institution does not have an agreement with Helena College, I must make arrangements to transfer credits earned from the Host Institution to Helena College at the end of the term of the Host Institution. An official transcript from the Host Institution is required whether or not I complete or pass the course(s), if grades are to be counted at Helena College's program for academic purposes.
- 7. I understand that financial aid for future terms will not be released until transfer credits have been received and satisfactory progress has been met. Helena College Financial Aid Office will request these in my behalf from host school.
- 8. I understand repayment of financial aid, including loans, disbursed by Helena College may be required if I (1) drop during the refund period, (2) withdraw (officially or unofficially), or (3) credits are not transferred to Helena College, if applicable.
- 9. By my signature on the Application for Consortium/Contractual Agreement I authorize the Host Institution listed to release enrollment, financial and academic information to the Helena College.