



Consortium Agreement

The student should complete requirements in sections 1, 2, 3 and 5. The second institution should complete section 4 and mail or fax the form to San Juan College.

Section 1 – Introduction

Consortium agreements between two schools allow a student to continue to receive financial aid funds while studying at a school other than his or her own “home” school. (The “home” institution is the school where you will receive your degree or certificate. The “visiting” institution is the school where you are enrolling in classes that will transfer to the “home” school.)

San Juan College and _____ enter into a consortium agreement for the following student:
Name of school

_____, Student ID# _____ for one of the following terms:
Name of student

FALL 20 _____ SPRING 20 _____ SUMMER 20 _____

Note: Consortium agreements are only valid for one semester.

The above referenced student attends SJC as his/her “home” institution. SJC will consider the courses, upon approval, taken at the “visiting” institution as part of total semester credit hours of SJC for the semester indicated above. Because the student named above attends SJC as his/her home institution, SJC will calculate financial aid eligibility and process financial assistance.

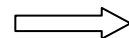
SJC will be responsible for the accounting of all Title IV and State fund expended pursuant to this agreement and will maintain all records as required by said department.

The student will be responsible for submission of final grades via an official transcript from the visiting institution to SJC

Section 2 - Student Criteria

- Student must be enrolled in a **degree-seeking** program eligible for financial aid at SJC.
- Student must have a complete financial aid application with SJC.
- Satisfactory Academic Progress (SAP) requirements must be maintained each semester. Courses at the other school will be applied toward cumulative SAP standards.
- Student is responsible for payment on student accounts at both institutions. The SJC financial aid office is not responsible for requirements at the other institution.
- Courses taken at the host school must be transferable and applicable to the program of study at SJC.
- You must be enrolled in at least six credit hours at SJC and equal to or more than the number of credits at the visiting institution in any one semester.
- Student is responsible for submitting an official copy of the academic transcript from the visiting institution to the SJC Admissions and Records Office.
- You may **NOT** be receiving student financial aid from the visiting institution.

Turn over to complete



Section 3 – Courses

Please **attach a copy of your class schedule, course descriptions for each class, and charges** at the visiting school. **List in the spaces below** the classes you wish to transfer and apply to your program. (Note: Remedial or Developmental courses will NOT transfer to SJC.)

For Registrar at SJC ONLY

Class 1. _____ | **Transfers over as:** _____
Class 2. _____ | **Transfers over as:** _____
Class 3. _____ | **Transfers over as:** _____
Class 4. _____ | **Transfers over as:** _____

What is your degree program at SJC? _____ (If this does not match what is listed with the

Enrollment Services Office, your courses may be denied for transfer. MAKE SURE IT IS THE SAME.)

The SJC registrar will review the courses you wish to transfer to SJC. Approval from the SJC Registrar's Office will be obtained prior to final approval of financial aid eligibility.

How many of the credit hours apply to the student's degree program at San Juan College? _____

SJC Registrar's Signature _____ Date _____

Section 4- To be completed by the visiting institution

- Will the student receive financial aid at your institution? YES _____ NO _____
- If yes, STOP! Do not complete the remainder of this form, please sign the form and return it to the SJC Financial Aid Office.
 - **If no, please complete the remainder of the form**

Cost of Attendance

Dates of Enrollment under this Agreement _____
Number of Weeks of instructional Time _____
Tuition and Fees \$ _____
Books and Supplies \$ _____
Room and Board \$ _____
Transportation \$ _____
Personal \$ _____
Total \$ _____

Visiting School's Financial Aid Officer's Signature

Please Print or Type Name

Telephone Number or Email Address

Date

Section 5 – Student Signature

I, _____, have read and fully understand and agree to all the conditions listed on this Consortium Agreement
Student Signature _____ Date: _____ SJC E-Mail _____@my.sanjuacollege.edu

Please send form to: **San Juan College
Financial Aid Office
4601 College Blvd.
Farmington, NM 87402**

**Phone (505) 566-3323
Fax: (505) 566-3593
Email: financialaid@sanjuacollege.edu**