

FINANCIAL AID CONSORTIUM REQUEST

STUDENTS: Use this form to request a consortium, which would allow your primary college, either Foothill or De Anza, to include units taken at the other college to determine financial aid disbursement amounts. **See your counselor first, then turn the completed consortium, along with your educational plan, in to the Financial Aid Office. Consortium decisions, at De Anza, are made after the second week of the quarter, or at the end of the add/drop period. Consortia turned in, at De Anza, after a quarter has ended will not be considered.**

Foothill and De Anza Colleges will consider requests where all the following apply:
 (Counselor, please check off which categories below apply to this student)

- Course is not offered at the primary college this quarter, OR
- Course is full at the primary college, AND
- Course offered at the other college is *required* for the academic program, AND
- Course is taken in the proper order for transfer or graduation requirements to be met, AND
- Student's transcript shows a pattern of success, AND
- Student has reliable transportation, AND
- Student has a current educational plan with a counselor/academic advisor

Each quarter the student must obtain an educational plan developed with, and signed by, a counselor/academic advisor at their primary college to verify that the courses for that quarter at both institutions will apply toward their certificate, degree or transfer program. The primary college calculates and pays the student after receipt of this Agreement. The primary college is responsible for maintaining related records pertaining to eligibility, award calculation, payments, satisfactory progress and refunds according to their standard policies and procedures. Final determination for a student's eligibility under the Consortium Agreement rests with the Director of Financial Aid at the primary college. Under federal regulations, deferment of loans requires at least half-time enrollment at ONE college.

Name _____ SID# _____ Quarter for Consortium _____

STUDENTS: Why are you requesting to take the course(es) at the other college instead of your primary college?

I understand that, if approved, the course(es) will be included in units attempted for disbursement.

Student's Signature Date

COUNSELOR/ACADEMIC ADVISOR:

Current, signed, educational plan attached? Yes Which course(es) designated for consortium? _____

Major in Banner (RSISTDN or SGASTDN) _____

Comments: _____

I recommend this student for a Consortium and have checked the circumstances above that apply to this student. I have also discussed transfer planning and identified successful strategies for this student to use during this consortium quarter.

Counselor/AA Name Printed Date

For Financial Aid Office Only:

approved not approved: _____

Signature Date