CUYAMACA COLLEGE
2015-2016 FINANCIAL AID CONSORTIUM AGREEMENT for FALL 2015

If you are taking units at Grossmont College and you would like to have them counted for your financial aid award at Cuyamaca College, then you must file a consortium agreement. A consortium agreement means that units taken at Grossmont College can be added with units taken at Cuyamaca College to determine maximum eligibility for financial aid. **To be eligible you must:**

- Have the major LISTED below on record at CUYAMACA COLLEGE with the Admissions and Records office.
- Be enrolled in a minimum of SIX (6) overall units combined at Cuyamaca College and Grossmont College
- Maintain enrollment in AT LEAST ONE (1) COURSE at Cuyamaca College (to avoid cancellation or denial)
- Be ENROLLED in the classes listed below before AUGUST 31, 2015
- Submit the consortium agreement to the Financial Aid Office by NOVEMBER 6, 2015
- Understand this consortium agreement is for ONE semester only – FALL 2015
- Understand that you can submit ONE (1) consortium agreement per semester
- Understand that any changes in the enrollment or major or objective listed below may result in denial or a modified award

To participate in this agreement, complete **Section A** and have **Section B** signed by a Cuyamaca College Academic Counselor. Return this form to the Financial Aid Office when it is completed.

**SECTION A: TO BE COMPLETED BY THE STUDENT (PLEASE PRINT IN INK)**

Your major at **Cuyamaca College:** ____________________________________________

Your educational objective at **Cuyamaca College:** (choose one)
- Certificate
- Associate Degree
- Transfer degree (AD-T)
- Transfer without degree to: ______________________

Courses listed must apply to your major & educational objective on record at Cuyamaca College and appropriate based on your assessment results.

<table>
<thead>
<tr>
<th>Course #</th>
<th>Cuyamaca College courses</th>
<th>Units</th>
<th>Course #</th>
<th>Grossmont College courses</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Course Name</td>
<td></td>
<td>Course #</td>
<td>Course Name</td>
<td></td>
</tr>
</tbody>
</table>

My signature and initials indicates:

- __________ I have read this consortium agreement and understand the terms of the agreement (see above).
- __________ I further understand that financial aid is intended only for required coursework.
- __________ My major and educational objective listed above is on record with Admissions & Records at Cuyamaca College.
- __________ The courses listed apply towards my educational objective and major on record at Cuyamaca College.
- __________ The approval of this consortium agreement is at the sole discretion of the Cuyamaca College Financial Aid Office.

_Student’s Signature_ ___________________  _Date_ ____________

Financial Aid Office
900 Rancho San Diego Parkway El Cajon CA 92019-4369 (619)660-4201
Student Name:___________________________________________ Social Security #:__________________________

SECTION B: TO BE COMPLETED BY A CUYAMACA COLLEGE ACADEMIC COUNSELOR

Is the major and educational objective listed in Section A by the student offered at Cuyamaca College?
Yes _____ No _____ (if no, please advise student to update and correct info in Section A)

Is the major and educational objective listed in Section A the same major and educational objective on record with Admissions and Records?
Yes _____ No _____ (if no, please advise student to update with Admissions and Records)

Are the courses listed for Cuyamaca College and Grossmont College required for the major and educational objective listed?
Yes _____ No_____ (if no, please explain below)

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Counselor’s Signature                                             Counselor’s Name (please print)                     Date

Counselor’s comments:____________________________________________________________________________________
___________________________________________________________________________________________________________

FOR FINANCIAL AID OFFICE USE ONLY

Consortium Approved (check all that Apply)
☐ For ALL courses listed.
☐ Only for courses listed in Section A that are applicable towards the student’s declared major and ed objective.
☐ Only for courses noted as other course(s) are repeated coursework or are not eligible for funding.

Consortium Denied (check all that Apply)
☐ The courses listed are not required for the student’s major or ed objective.
☐ Petition was denied for this term.
☐ Student is no longer enrolled in listed courses
☐ The educational objective/major listed is not offered or not on record at Cuyamaca College
☐ The courses listed on the consortium agreement are not appropriate for the student’s assessment level/skill level.
☐ Not enrolled in at least one required (1) course at Cuyamaca College
☐ Not enrolled in minimum combined enrollment of at least 6 units
☐ Other:_______________________________________________________________________________________________

Additional Comments:________________________________________________________________________________________
___________________________________________________________________________________________________________

Financial Aid Advisor/Supervisor/Director Initials:____________________________ Date_______________________

☐ Manual Revision of Award Required. (e-mail sent:__________)