

Financial Aid Consortium Agreement

Financial Aid Office

1933 Fort Vancouver Way | Vancouver, WA 98663-3598
(360) 992-2153 | FAX (360) 992-2864 | finaidmail@clark.edu

ctcLink Number	Date of Birth	
Last Name	First Name	Middle Initial

Use this form if you are enrolled at Clark College and another college or university and want to receive your aid through Clark College. When you are dually enrolled in more than one school, you can have your credits combined to determine enrollment status. Classes taken at the other college must count toward the completion of the degree or certificate requirements you are pursuing at Clark College. You must meet with your Academic Advisor to ensure these credits will apply toward your declared program of study. If you plan to be dually enrolled more than one term, you must submit a new Consortium Agreement each term.

Step 1: Student Rights and Responsibilities (to be completed by the student).

Please initial each section to acknowledge your understanding, requirements, and responsibilities.

[Proceed to Step 2.](#)

	I am required to be enrolled in a minimum of six (6) credits at my HOME school, Clark College.
	I am required to provide Clark College a copy of my schedule of enrollment from my HOST institution along with this form. Students must have a financial aid administrator at their host school sign this form.
	I am required to meet with a Clark College Academic Advisor to certify that the coursework I am enrolled in at the HOST institution applies toward my degree at Clark College. (Step 3 of this Form)
	I am required to cancel any aid awarded by any other institution. I must not apply and/or accept Title IV funds from more than one institution during the same period of enrollment
	Financial Aid will be awarded and paid through Clark College and I will be subject to Clark College's disbursement policies and schedules. I am responsible for the payment of any bill at my HOST school.
	I understand that Consortium Agreements may cause delays in disbursement and will plan accordingly.
	I am responsible to report any enrollment changes at both institutions during the term. All courses included in this Consortium Agreement will be subject to Clark College's Satisfactory Academic Progress and Return of Title IV policies.
	I am required to provide Clark College with a copy of my transcript/grades from the HOST institution, showing that I completed the courses taken for the term. I understand that Clark College may hold future disbursements until the transcript is received.
	I am responsible to submit an Official Transcript from my HOST school to Clark College Credential Evaluations so that my credits can be applied toward my degree. I understand that Clark College may hold future disbursements until the transcript is received.

Step 2: Student Information and Authorization (to be completed by the student).

[Proceed to Step 3.](#)

Term of Attendance and Award Year	Credits/Hours Registered at Clark College	Credits/Hours Registered at Host Institution

Step 3: Course Verification.

Please print a copy of your course schedule at your HOST institution and submit it with this form.

[Proceed to Step 4.](#)

Student Information:

ctcLink ID Number

Step 4: HOST Institution Information & Agreement (To be Completed by School Official**). Proceed to Step 5.**

HOST Institution's School Name	
Term and Year the Student is Concurrently Enrolled:	
HOST Institution's Term Start & End Dates:	
HOST Institution's Total Tuition & Fees Listed in Step 3:	

By signing this form, as the HOST Institution's Financial Aid School Official, I confirm that Financial Aid will be administered by Clark College. I additionally confirm that the enrollment listed in Step 3 is accurate and that Financial Aid will not be paid for the concurrent term at the HOST institution.

Host Institution Financial Aid Administrator Title _____

Host Institution Financial Aid Administrator Signature _____ Date _____

Host Institution Financial Aid Administrator Email _____ Phone _____

Step 5: Certification and Signature (to be completed by the student).

By signing this form, I authorize Clark College and the HOST institution to share information about me regarding Financial Aid, grades, admissions, and related academic issues.

I understand this agreement and agree to the conditions listed above and understand that hours from the HOST institution will be considered in the enrollment calculation at the HOME (Clark College) institution for financial aid purposes.

I understand that all financial aid will be applied to tuition and fees at the HOME institution first, and any remaining aid will be sent to me, who is responsible for paying all tuition, fees, and other costs at the HOST institution.

I also acknowledge that the policies of the home institution will be in place in cases of refund/repayment due to withdrawal from courses.

Student's Signature _____ Date _____

Please email, upload, or fax this signed form AND a copy of registration at the HOST school to the Clark College Financial Aid Office.

Step 5: CLARK COLLEGE FINANCIAL AID CERTIFICATION/PROCESSING (to be completed by Clark College Financial Aid staff only).

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
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Clark College Financial Aid Staff Signature _____ Date _____



Clark College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, citizenship, immigration status, or use of a trained guide dog or service animal in its programs and activities. Learn more at www.clark.edu/nds

For Office Use Only
