

Financial Aid Consortium Agreement

Submit this form in person or mail, by fax, or through Secure Form Upload: Clark College, Financial Aid Office, 1933 Fort Vancouver Way, Vancouver, WA 98663

Secure Form Upload • Fax (360)992-2864

Student Information:	
ctcLink ID Number	Date of Birth
First Name	Last Name
	uired for the degree or certificate you plan to earn at Clark
College (Home College) at another scho	ol (Host College). Approval of this agreement allows you to count

Instructions:

You must read and complete all sections of this form **AND** submit a copy of your course schedule from your Host college. **You must meet with an Academic Advisor to ensure these credits will apply to your program of study.** A new Consortium Agreement must be submitted for each term. Incomplete applications will be returned.

the credits you take at the host college towards your enrollment and financial aid funding level at Clark.

Student Rights and Responsibilities:

Read the following rights and responsibilities: To be eligible for a consortium agreement, I understand I must meet the following conditions:

- 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. I must have a financial aid administrator at my 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.
- 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 for reporting 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 for submitting 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.



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Student Enrollment:	
What term does this form apply to? \Box Summer \Box	Fall Winter Spring
What is your program of study at Clark?	
What Aid Year does this form apply to? (e.g. 2025-26) _	
Credits/hours registered at Clark?	
Credits/hours registered at Host school?	
Course Verification: Attach a copy of the course schedule from your host course schedule is not included with your submission,	
Host School Information and Agreement: (Co	ompleted by School Official)
HOST Institution's School Name:	
Term Start/End Dates and Year the Student is Concurred	ently Enrolled:
Is the student receiving financial aid at your institution	for the term specified above? \square Yes \square No
HOST Institution's Total Tuition & Fees:	
Host School Certification: I certify that this student is enrolled at my college for agree that my office will not provide federal Title IV equarter this agreement pertains to. Clark College is aid, monitoring satisfactory academic progress and records, and returning funds if the student withdraw	or state financial aid for this student for the responsible for calculating awards, disbursing other student eligibility requirements, keeping
Host Financial Aid Administrator Title	
Host Financial Aid Administrator Signature	Date
Host Financial Aid Administrator Email	Phone



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Student Certification and Signature:

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 Signature	Date

The college affirms a commitment to freedom from discrimination for all members of the college community. The responsibility for, and the protection of, this commitment extends to students, faculty, administration, staff, contractors, and those who develop or participate in college programs. It encompasses every aspect of employment and every student and community activity. The college expressly prohibits discrimination 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. Harassment is a form of discrimination.

For Office Use Only

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