

FAX: (505) 454-2539 • EMAIL: finaid@luna.edu

## **Consortium Agreement**

SECTION 1: CONSORTIUM AGREEMENT OVERVIEW (To be completed by the student)

Print Student's Name		LCC ID #		
Student's Phone Number (include area code)		Name of Hos	Name of Host School	
Enrollment Period:	FALL	SPRING	SUMMER	
Deadline to Submit: 3 <sup>rd</sup> Friday of the Semester at LCC				
where the student is re	gularly admitted and want is taking courses wit	working to complete a d h the intent of transferrin	Home School (Luna Community College) egree or certificate and a student's Host ng those courses back to the Home School	
calculate the student's tand the Host School for	total financial aid packa or the consortium enro	age based on the total croollment period. Credit h	d at Luna Community College agrees to edit hours taken at both the Home School ours that cannot be applied toward the lege will not be considered.	
<ul><li>Determining elig</li><li>Monitoring Satis</li><li>Calculating Retu</li></ul>	gibility for and processing factory Academic Program to Title IV Funds, if	=	nws	
<ul> <li>Submitting an orthe 3<sup>rd</sup> Friday of</li> <li>Satisfying all reconflicting inform</li> <li>Requesting office</li> </ul>	cable charges at the H fficial Enrollment Verif the Host School's sem quirements related to mation, regular admiss	ost School according to to fication from the Host Schester. Disbursements we financial aid processing sion status, etc.	the Host School's payment schedule hool to LCC's Office of Financial Aid after ill be withheld until received. including but not limited to verification, there to be submitted to Luna Community	
LCC's responsibilities, of	f this Consortium Agree	ement. Additionally, I aut	mation in <b>SECTION 1</b> , including mine and chorize the two schools listed on this form my financial assistance can be based on	
Student Signature		 Date		

Student Name:		LCC ID #:	LCC ID #:		
SECTION 2: COU	RSE EVALUATION (To be co	ompleted by an academic advisor o	or Office of the Registrar)		
	•	e student at the Host School and will of study on record at Luna Commun	•		
Course Number	Course Name		Credit Hours		
and each course wil		re are the courses the student inten credit, upon successful completion, ommunity College.			
Authorized LCC Official's	Signature & Title	Date	_		
SECTION 3: HOST	SCHOOL CONFIRMATION	(To be completed by the Host Sch	ool Office of Financial Aid)		
Host School Charg	e Description	Amount			
Tuition	,	\$			
Fees		\$			
		\$			
		\$			
	umes responsibility for the e LCC Office of Financial Ai	e following: d documentation of the student's e	nrollment		
• =		nroll in, begin, or withdraws from a t include official date of withdrawal			
<ul> <li>Providing LC</li> </ul>	C with an official academic e student's request	transcript upon completion of the	consortium enrollment		
<ul> <li>Ensuring the enrollment p</li> </ul>		ny federal or state funds by the Host	School for the consortium		
all information in SE		the courses listed in <b>SECTION 2</b> at taccurate. As an authorized official of soutlined above.			
Authorized Host School	Official	 Date	Date		
Host School Official's Printed Name		Host School Official's Title	Host School Official's Title		
Host School Official's Phone Number		 Host School Official's Email	Host School Official's Email		