



CONSORTIUM AGREEMENT

Blue Mountain Community College
PO Box 100
Pendleton, OR 97801
Phone: (541) 278-5759 - Service Center
Fax: (541) 278-5889
Email: FinancialAid@bluecc.edu

Home Institution: The institution from which you are seeking a degree and from which you intend to receive financial aid.
Host Institution: The institution(s) where you are taking courses that apply towards the degree from the Home Institution.

Select your **HOME** school:

Blue Mountain Community College
Financial Aid Office
Fax: (541)278-5889

Other: _____
Financial Aid Office
Fax or email: _____

Mark the terms you will be a consortium student: Summer 2019 Fall 2019 Winter 2020 Spring 2020

Students must complete a new consortium agreement every academic year

Complete and sign the Student Information section below and mail or fax this form to the "Host Institution". Please print.

Name: _____ Email: _____ Phone: _____

HOME SID #: _____ Host SID#: _____

My **HOST** school(s) will be: Blue Mountain CC Eastern Oregon Univ. Other: _____

Student Certification - By signing this agreement I understand that:

1. You **must attach a copy of your registration or class schedule at the host institution**. The Financial Aid office at your Host institution must document your registration, and sign this form.
2. **You must be taking a minimum of 6 credits at the Home institution for the entire term** to be eligible to receive and keep your financial aid. If you drop **any** courses, your financial aid may be returned, creating a balance on your student account.
3. An Academic Advisor must certify that the coursework at the Host institution is applicable to your degree plan.
4. You must enroll in 100 level coursework or higher.
5. Courses taken at the Host institution will be treated the same for Satisfactory Academic Progress (SAP).
6. You must submit grades at the end of the term and an official transcript from the Host institution at the end of spring term. We will hold financial aid for future terms until the transcript is received.
7. It is your responsibility to report changes in enrollment during the term. If you drop all courses at both schools, the Home school will perform a Return of Title IV Funds calculation and may return funds to the department of education. This could result in a balance on your student account.
8. Financial aid will be disbursed according to the home institution disbursement schedule. Consortium agreements can cause a delay in disbursements, so plan accordingly.
9. You are responsible for paying tuition, fees, and other charges to the Host institution.
10. You understand and authorize both institutions to share information about your educational records.
11. The Home school will only accept consortium agreement forms **through the second week of the term**.

Student Signature _____ Date _____

I certify that the courses the student is enrolled in at the Host institution are applicable to the student's program of study; the student has not previously earned credit for these courses; and if the student has an AA, AAS, AS, AAOT, or ASOT, that they must have these courses to complete their degree program at the Home institution. The Home Institution agrees to pay Title IV Federal or State Aid to the student based on the information provided in this agreement.

Academic Advisor Signature _____ Date _____

Home Institution Rep Signature _____ Date _____

Host Institution Representative _____ Date _____

Fax _____ Email _____