



Non-MNSCU School* Financial Aid Office Consortium Agreement

For a list of MNSCU colleges, go to www.mnscu.edu/campuses

Student instructions: Must be completed each term of enrollment

1. Complete the student information (Section I).
2. Attach class registration and fee statement from visited institution (not CLC).
3. Submit this form to the Financial Aid Office at the visited institution and request that Section II be completed and mailed to CLC's Financial Aid Office.
4. After completion of the term covered by this agreement, you must provide the CLC Registrar's Office with a grade transcript if your visited institution is not part of the MNSCU system.
5. Notify CLC Financial Aid Office of changes to enrollment at visited institution.
6. If you are requesting a consortium for upper division classes, CLC can only accept six upper division credits toward your degree.
7. It is your responsibility to pay your bill for tuition and fees at the visited institution.

Section I: Student Information (to be completed by the student)

Name _____ Student CLC ID or SS# _____

Permanent Address _____
City State Zip

I plan to enroll at _____ (visited institution, not CLC)

during the _____ term for the _____ school year.

Class Title	Course Number	Credits

(Remember: attach a copy of your class registration and your fee statement)

I hereby give CLC and the visited institution permission to share appropriate information concerning enrollment, academic status, tuition, fees and financial aid information necessary to execute this agreement.

Student Signature _____ Date _____

Section II: Visited Institution Financial Aid Office

- CLC will process student's application for financial aid when the student is enrolled at CLC and another eligible institution, provided the student is in good academic standing, making satisfactory academic progress at CLC and the courses taken at the visited institution are applicable toward program or major at CLC.
- During the period covered by this agreement, the visited institution agrees not to provide any federal or state financial assistance to the student.

- CLC agrees to award financial aid to the student based on a predetermined general budget and any additional costs deemed appropriate by CLC as supplied by the visited institution.

I certify that this student is enrolled in _____ credits for the term indicated on the front of form.

Signature _____ Date _____

Printed name _____ Title _____

Institution _____

Do you want a copy when this form is complete? ____ Yes ____ No

Visited institution returns form to:

Financial Aid Office
 Central Lakes College
 501 West College Drive
 Brainerd MN 56401
 1-800-933-0346, ext. 8020 or 1-218-855-8020

CLC Registrar's Office:

I confirm the course(s) included on this consortium are applicability at CLC.

Degree: Applicable or Not- Applicable or Review needed

Transcript: Resident or Transfer

Official Signature _____ Date _____

Title _____

CLC Financial Aid Office:

This consortium is: Approved Not Approved _____

Credits at visited institution _____ + CLC credits _____ = Total credits for aid _____

Signature _____ Date _____

Title _____

CLC is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This information is available in alternative format upon a 48-hour advance request by contacting Disability Services at 800-933-0346, ext. 8175. Minnesota Relay Service: 800-627-3529 or 612-297-5353.