



Student Financial Services
 1000 Viking Drive, Hillsboro, MO 63050
 Phone: (636) 481-3212 Fax: (636) 789-5103

Home Consortium Agreement

Name of Student:		Jefferson College Student ID #	
Student's Street Address:	City:	State:	Zip code:
Student's Phone Number:		Student's Email Address:	

Consortium Enrollment Period		
<input type="checkbox"/> Fall _____	<input type="checkbox"/> Spring _____	<input type="checkbox"/> Summer _____

Under this agreement, I understand the Home Institution is the school granting my degree/certificate; therefore, I must be enrolled in a degree-seeking program at the Home Institution. I must maintain satisfactory academic progress as well as other matters of eligibility for federal aid. This agreement will not be honored after the published add/drop dates. I will notify Jefferson College's Office of Student Financial Services of enrollment changes. If a change of enrollment occurs, my aid may be adjusted and I could be billed. My financial aid will be calculated on the combination of registered hours at both schools. I will provide Jefferson College with a transcript from the Host Institution within two weeks of the term ending. It is my responsibility to make payment arrangements with the Host Institution.

Student Signature	Date
_____	_____

Host Institution (Full Name and Address):

Enrollment Period at Host Institution

Beginning Date (Month-Day-Year)		Ending Date (Month-Day-Year)	
Course Number	Course Title	Credit Hours	Tuition Total

Will the student be receiving financial aid at your institution? No Yes Amount: \$ _____

Under this consortium agreement, courses taken at the Host Institution must count towards the student's program at the home school. The Host Institution must be a Title IV eligible school, will make available applicable student consumer information required under Title IV, and will provide the Home Institution with documentation of the student's enrollment at the Host Institution. The Host Institution also agrees to notify the Home Institution if the student fails to begin participation in a course(s) and/or withdraws from all courses at the Host Institution. This includes last dates of attendance and other relevant information. The Host Institution will also provide the Home Institution, upon student request, with an academic transcript following the completion of the consortium period.

Host Institution Financial Aid Administrator Signature	Date
_____	_____
Host Institution Registrar Signature	Date
_____	_____

Office use only:

Home Institution Financial Aid Approval Signature	Date
_____	_____
Home Institution Registrar Signature	Date
_____	_____