



Consortium Agreement

APPROVAL TO TAKE COURSES AT ANOTHER INSTITUTION

Name: _____ STUDENT ID# _____
First Middle Last

Address: _____

Preferred e-mail: _____ Phone number: _____

Name of Institution _____ Semester: _____ Major: _____

This agreement by and between **Lakes Region Community College** and _____ is made pursuant to Title IV regulations governing students taking courses at another institution for credit toward **Lakes Region Community College** degree or certificate programs.

**COURSE(S) APPROVED ONLY WHEN SIGNATURE IS OBTAINED.
COURSE DESCRIPTIONS MAY BE REQUIRED FOR APPROVAL.**

Course Number/Title/Number of Credits/Cost	Lakes Region Community College Equivalent
1. _____	_____
_____ <i>VP Academic Affairs or Department Head Signature (if major field course)</i>	_____ <i>Date Approved</i>

Course Number/Title/Number of Credits/Cost	Lakes Region Community College Equivalent
2. _____	_____
_____ <i>VP Academic Affairs or Department Head Signature (if major field course)</i>	_____ <i>Date Approved</i>

Credit for the above course(s) will be accepted as transfer credit by Lakes Region Community College provided: grade earned is a "C" or better; AND credit has not been earned via Challenge Exam, Credit by Exam or Pass/Fail grading. NOTE: Transfer credits do not affect grade point average at Lakes Region Community College. To be eligible for an Lakes Region Community College degree, students must satisfactorily complete a minimum of 16 credits of course work at Lakes Region Community College controlled courses with at least half of these credits in last semester major field courses. Exceptions require the approval of the Vice President of Academic Affairs.

Upon completion of the course(s), the student is responsible for having an official transcript sent to the Registrar's Office to receive credit.

Student Authorization for payment of tuition and fees to the host Institution from Lakes Region Community College.

I authorize **Lakes Region Community College** to pay my tuition and fees to the host institution named above for the courses listed above out of my financial aid award for the current academic year. I understand that payment will be made to the host institution and I accept responsibility for any unpaid balances at both institutions.

Student Signature and Date

Please Print Name

Certification of Financial Aid Eligibility

The Financial Aid Office at Lakes Region Community College has a financial aid packaged which has been accepted by the student. He/She is eligible for financial aid in an amount sufficient to cover tuition and fees at both Lakes Region Community College and the host institution for the semester specified in the consortium agreement.

\$_____ is the amount of Financial Aid available for the host institution.

Lakes Region CC Financial Aid Officer

Date

Note: Please notify the Home Institution upon the student's withdrawal for the course listed.

Student Authorization for payment of tuition and fees to the host Institution from Lakes Region Community College and Release of Transcripts

I authorize Lakes Region Community College to pay my tuition and fees to the host institution named above for the courses listed above out of my financial aid award for the current academic year. I understand that payment will be made to the host institution and I accept responsibility for any unpaid balances at both institutions. It is the student's responsibility to make sure all balances are paid at each institution.

I authorize _____ (Host Institution) to release an official copy of my transcript to _____ (Home Institution). I understand that the course will not transfer into my Home Institution, to meet my program requirement, unless I receive a grade of "C" or better (grades of C- and below will not transfer), but all grades and credit hours will be counted in my attempted hours for Financial Aid purposes.

Student Signature and Date

Please Print Name

Office Use Only:

Verification of Registration to be completed by Financial Aid Office at the Home Institution

I have reviewed the registration form for the above named student for the semester specified and can confirm that, as of this date the student is registered for the courses listed on page 1 of this agreement.

Total cost of the tuition and fees for the courses listed on page 1 is \$_____

Host Institution Financial Aid Officer

Date

CC: Bursar's Office _____
Student _____
Registrar _____