

Financial Aid Consortium Agreement: ACC/ CSU (Accounting)

Name: _____ ACC ID #: S _____

Term for which consortium is requested: _____

A consortium agreement allows a student to receive financial aid for courses taken at another institution (known as the HOST SCHOOL) that apply towards their degree at ACC (known as the HOME school). Please complete section 1 yourself, including signature, and submit to CSU for completion of section 2.

SECTION 1: TO BE COMPLETED BY STUDENT

My ACC Degree Program: _____

As allowed in part 668.19, Student Assistance General Provisions, and Part 690.9, Pell Grant Program, Code of Federal regulations, this consortium agreement is entered into between Arapahoe Community College (HOME school) and Colorado State University for the purpose of providing federal financial assistance to the student named above.

I agree to the following:

- 1. This consortium agreement will be in effect only for the term and courses indicated below.**
- 2. If I take courses in the future at another institution, I will have to complete another consortium agreement.**
- 3. I authorize ACC to collect any related records from the host school as well as provide the host school with any student information required.**
- 4. I certify that I will notify the ACC Office of Financial Aid if I drop or withdraw from a class at either school during the term specified above.**
- 5. I certify that I have not previously earned credit for these courses, nor have I previously transferred these courses to ACC.**

BEFORE YOU SIGN THE FORM, YOU MUST READ AND INITIAL THE ITEMS BELOW TO INDICATE THAT YOU UNDERSTAND THE TERMS OF THIS AGREEMENT:

- _____ I understand that only the courses listed are applicable to my degree/certificate at ACC. Consortium will not be approved for other courses.
- _____ I am currently enrolled in the **AAS – Accounting program**, which requires me to take specific courses through CSU at the Sturm Collaboration Campus.
- _____ ACC will not make payment to Colorado State University on my behalf. I am responsible for the payment of tuition, fees and all incurred debt at Colorado State University.
- _____ I will notify each school if I withdraw from any course(s) at either school.

Student Signature and Date

Arapahoe Community College Office of Financial Aid • 5900 S. Santa Fe Drive Littleton, CO 80120
Phone: 303.797.5661 • Fax: 303.797.5663 • Email: financialaid@arapahoe.edu

Name: _____ ACC ID #: S _____

SECTION 2: TO BE COMPLETED BY COLORADO STATE UNIVERSITY FINANCIAL AID OFFICE

The above named student is taking the following course(s) from Colorado State University during the term dates given below (check all that apply):

- ACT 211 Accounting Professional Skills (1 credit)
- ACT 311 Intermediate Accounting I (4 credits)
- ACT 321 Cost Management (3 credits)
- ACT 312 Intermediate Accounting II (3 credits)

Dates of Semester: _____

Aid Year: _____

Student's tuition and fees for the term at the HOST school: \$ _____

ACC is the HOME institution for all financial matters. ACC agrees to disburse all financial aid in accordance with federal and state regulations, as appropriate, for the term(s) specified by the HOST school. For details visit the ACC "Paying For College" page: <http://www.arapahoe.edu/financialaid>.

Colorado State University agrees not to process any federal, state and/or campus-based program financial assistance during the term specified.

Please return completed form to financialaid@arapahoe.edu or by fax to 303.797.5663.

Financial Aid Official's Name: _____ Title: _____

Signature: _____ Phone: _____

Email: _____ Date: _____