

## Consortium Agreement

First and Last Name:  ctcLink Student ID Number:

This form allows you to take required classes at another school (Host College) for the degree or certificate you plan to earn at Skagit Valley College (Home College). Approval of this agreement allows you to count the credits you take at the host college towards your enrollment and financial aid funding level at SVC. The following conditions apply:

- You must enroll for at least one required class at Skagit Valley College.
- For this Consortium Agreement, you must certify that the requested courses are required for your SVC degree and that they are not offered at SVC in the timeframe you need.
- You must enroll at both schools before submitting this form.
- Consortium Agreements are limited to the Washington State community and technical college system.
- You must pay tuition and fees at the host college based on that school's deadlines.
- **Student Instructions:**
  1. Enroll for classes at both colleges
  2. Complete Section A
  3. Take this form and a copy of your enrollment at the host school to your SVC Academic Advisor for signature (Section B)
  4. Sign the Student Certification below (Section D)
  5. Take this form to the Financial Aid Office at your host college for signature (Section C)
  6. Return this form and a copy of your host college enrollment to the SVC Financial Aid Office

### Section A: Enrollment Information

For which quarter does this form apply?

What is your SVC Program of Study?

What is the name of the college (Host College) you plan to attend?

How many credits are you enrolled in at SVC for the relevant quarter?

Reason you are unable to complete the course at SVC. Please be specific.

List the course/s you are enrolled in at the Host College:

Name of Enrolled Course at Host College	Course Number at Host College	Course Equivalent at SVC	Number of Credits

## Section B: Skagit Valley College Academic Advisor Certification

I certify that this student is enrolled at SVC for a course/s that is required for the student's program of study, and that the course/s the student is enrolled for at the host college, applies to their SVC program of study and can be successfully transferred to SVC.

Advisor Name:  Advisor Signature:  Date:

## Section C: Host College Financial Aid Office Certification

I certify that this student is enrolled at my college for the course/s listed in Section A. I agree that my office will not provide federal Title IV or state financial aid for this student in the quarter this agreement pertains. Skagit Valley College is responsible for calculating awards, disbursing aid, monitoring satisfactory academic progress and other student eligibility requirements, keeping records, and returning funds if the student withdraws.

Host College Name:

FA Office Official Name:  Title of Official:

FA Office Official Signature:  Date:

## Section D: Student Certification

By signing below, I acknowledge and agree to the following conditions:

- I am responsible for paying any tuition, fees, and other associated costs at the host college.
  - I understand that I may work with the host college financial aid office to see if I might qualify for a deferment of my tuition and fees, if allowed.
- I must submit an **official** transcript of the classes I take at the host college and follow the SVC process for transferring my credits at the host college to SVC within 30 days of completion of the quarter.
- I must submit an **unofficial** transcript to the SVC Financial Aid Office within three days after grades are posted at the host college.
- I understand that SVC will assume I did not complete my credits at the host college until I submit an unofficial transcript, and that I am subject to penalties under the Satisfactory Academic Progress policy, which may result in cancellation of my future financial and a repayment of the funds I receive.

Student Signature:  Date:

Once completed, this form may be submitted via your mySVC email account to [financial.aid@skagit.edu](mailto:financial.aid@skagit.edu) or dropped by the financial aid office. If we are closed, you can drop the form in our drop box outside of our office.

## Section E: To be Completed by SVC Financial Aid

Approved: FA Staff Name:  Date:

Denied: FA Staff Signature:

### SVC FINANCIAL AID OFFICE USE ONLY

ESK045

INITIALS  
& DATE: