



California State University, Sacramento
 Student Service Center
 Financial Aid & Scholarships Office
 Lassen Hall
 6000 J Street, Sacramento, CA 95819-6044
 Phone: (916) 278-1000

Print Name: _____

Sac State ID #:

2020 - 2021 CONSORTIUM AGREEMENT

The consortium agreement allows Sacramento State to consider courses taken at a school other than the home school, and have those courses count toward the degree at the home school. Units enrolled at another school and approved under the consortium agreement will be combined with the units at the home campus for consideration of federal and in certain state aid programs.

Additional Information:

- The Consortium Agreement program is provided to students by Sacramento State and not required by federal regulations. Each host campus *may* or *may not* participate in the Consortium Agreement program with Sacramento State
- A consortium agreement is required each semester you intend to concurrently enroll at another institution
- You must be enrolled in at least half-time at Sacramento State. Students enrolled in 12 units or more at Sacramento State are ineligible
- Courses for a double major, double concentration, or minor will not be considered if they are not required by the first major program

Semester Deadlines
Fall 2020 - September 25, 2020
Spring 2021 - February 12, 2021

STEP 1. DOCUMENTATION

- Attach a copy of your class schedule with units from the HOST campus to this Agreement

STEP 2. APPLICATION AND ADVISING – Complete this section with your advisor(s)

Semester (check one): Fall 2020 ____ Spring 2021 ____ **Enrolled Units:** Sacramento State: ____ Host Campus: ____

Host Campus Name: _____

Course(s) at Host Campus	<u>Course Title and Number</u>	<u>Units</u>	<u>Beginning & Ending Dates</u>	Check <input checked="" type="checkbox"/> if for:	
				<u>GE/GR</u>	<u>Major</u>
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

CSUS Academic Certification:

In accordance with the above named student's education plan. I certify that the general course(s) and/or graduation requirements listed above will apply toward the completion of the student's degree objective at Sacramento State.

Print Name: _____ Signature: _____ Title: _____

Phone: _____ Date: _____

CSUS Major Advisor Certification:

In accordance with the above named student's education plan. I certify that the major course(s) listed above will apply toward the completion of the student's degree objective at Sacramento State.

Print Name: _____ Signature: _____ Title: _____

Phone: _____ Date: _____



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STEP 3. CONSORTIUM TERMS AND CONDITIONS

- Student is admitted in a degree program and enrolled in at least half-time at Sacramento State (wait list not counted).
- Course(s) at the host campus apply toward the degree objective at Sacramento State.
- Student must notify Sacramento State Financial Aid & Scholarships Office in writing within 7 days of withdrawal from any course at the host campus. Submit proof of withdrawal (with date) at the Student Service Center.
- Official academic transcripts must be provided to the Office of the Registrar within 30 days after the semester has ended.
- A financial aid hold will be placed preventing disbursement of all aid in the following term until transcripts has been received by the University.
- No substitutions/changes in courses at the host campus will be accepted once this consortium agreement has been submitted.
- The Satisfactory Academic Progress policy applies to all course work under the consortium agreement.

Student Certification:

My signature below certifies that I understand the terms and conditions of the consortium agreement. I understand that failure to adhere to all conditions of this agreement may result in a denial of future request and/or loss of eligibility to participate in the program.

Student Signature: _____ **Date:** _____

STEP 4. HOST CAMPUS CERTIFICATION OF AID

This section is to be completed by the Financial Aid Office at the Host campus.

The student: - is - is not receiving federal and/or state financial aid (excluding BOGG Waiver) at our institution.

Print Name: _____ Signature: _____

Title: _____ Phone Number: _____ Date: _____

 Name of Institution Address Zip Code

STEP 5. SUBMIT THE CONSORTIUM AGREEMENT

- ✓ Allow three weeks for review and processing. You will be contacted by the Financial Aid & Scholarships Office regarding the status of your request.