



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 #: \_\_\_\_\_  
 \_\_\_\_\_

**2021 - 2022 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 (i.e., 6 units Undergrad, 4 units Graduate). 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 2021 - September 24, 2021**  
**Spring 2022 - February 18, 2022**

**STEP 1. APPLICATION AND ADVISING – Complete this section with your advisor(s)**

**Semester** (check one): Fall 2021    Spring 2022    **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 &amp; Ending Dates</u>	Check <input checked="" type="checkbox"/> if for:	
				<u>GE/GR</u>	<u>Major</u>
1.	_____	_____	_____		
2.	_____	_____	_____		
3.	_____	_____	_____		

**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: \_\_\_\_\_

Email Address: \_\_\_\_\_ 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: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_



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**STEP 2. HOST CAMPUS CERTIFICATION OF AID**

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

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

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Name of Institution Street Address

**STEP 3. CONSORTIUM TERMS AND CONDITIONS**

- You are 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
- You must notify Sacramento State Financial Aid & Scholarships Office in writing within 7 days of withdrawal from any course at the host campus. [Upload](#) proof of withdrawal (with date)
- 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:**

I certify 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. SUBMIT THE CONSORTIUM AGREEMENT WITH DOCUMENTATION**

- [Upload](#) a copy of your student schedule from the Host Campus with this completed consortium
  - Ensure your schedule lists your name, name of institution, course number, units and semester of enrollment