



**CONSORTIUM AGREEMENT BETWEEN INSTITUTIONS FOR ADMINISTRATION OF FINANCIAL AID**

Student: \_\_\_\_\_ SSN: \_\_\_\_\_

It is agreed that Indian Hills Community College (**Home** Institution) shall administer all financial assistance that the student is eligible for during their enrollment period identified below with [ \_\_\_\_\_ ] (**Host** Institution). The **Home** institution acknowledges the student is enrolled as a degree seeking student and is meeting this eligibility requirement. The **Host** institution agrees the student named above is ineligible for any financial assistance from the **Host** institution during said enrollment period. This form is valid for a single enrollment period of quarter, trimester, or semester. A new consortium agreement must be completed for each period of enrollment.

**Host** enrollment period: Beginning \_\_\_\_\_ Ending: \_\_\_\_\_

Course Number	Title	Credit Hours

Total Credit Hours Enrolled: \_\_\_\_ Terms are:  Semester  Quarter  Other (specify) \_\_\_\_\_

Tuition & Fees	\$	_____
Books & Supplies	\$	_____
Room & Board	\$	_____
Personal	\$	_____
Transportation	\$	_____
<b>Total</b>	\$	_____

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*(Financial Aid Administrator: **Host Institution**)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Indian Hills Community College Registrar*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Indian Hills Community College Financial Aid Administrator*

\_\_\_\_\_  
Date