Arizona Western College Office of Student Financial Aid (928) 344-7634

Fax: (928) 317-6420

INDIVIDUAL CONSORTIUM AGREEMENT

Se	emester:Academic Year
[Deadline for submission is 10 days prior to Financial Aid Disbursement/Refund from Arizona Western College.
STUDENT ELIGIBILITY REQUIREMENTS:	
Ч	Be admitted to AWC (parent school) as a degree seeking student pursuing a degree.
	Have a complete financial aid file at AWC, and only receive federal funding from AWC.
	Have less than 64 transferable credit hours.
	Have an approved consortium agreement.
	Enroll in transferable course(s) at the non-parent school that are required for and meet AWC degree requirements. It is your responsibility to be sure the course you enroll in is transferable!
	Be enrolled in a minimum of 6 credit hours and no more than a maximum of 12 credit hours
	Complete a new Consortium Agreement each semester you will be enrolled concurrently.
STUDENT RESPONSIBILITIES:	
	Maintain Satisfactory Academic Progress (SAP) as outlined by the AWC Office of Student Financial Aid.
	Notify the AWC Office of Student Financial Aid when changes are made to courses listed on original consortium agreement
	Earn a 'C' or better in courses at non-parent school, transfer earned credit hours to the AWC Registrars Office Notify and receive approval from other financial aid providers, i.e., tribal agencies and scholarship providers if funding is anticipated, as well as from previous lenders, to avoid default.
	Notify the AWC Office of Financial Aid of waivers, scholarships or other funding received at non-parent school
	Be enrolled in the number of credit hours approved in the agreement at the time of financial aid disbursement

WITHDRAWAL:

- Notify the AWC Office of Student Financial Aid and the non-parent school
- Any refund due from tuition at the non-parent school may be forwarded to AWC

AT THE END OF THE SEMESTER:

• Send an official academic transcript from non-parent school to AWC Registrars and one to the Director of Financial Aid at Arizona Western College.

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Section A: TO BE COMPLETED BY STUDENT LAST NAME (PRINT) FIRST NAME AWC ID# PHONE # **ADDRESS** CITY, STATE **ZIP CODE AWC E-MAIL ADDRESS** ***READ & SIGN STUDENT ELIGIBILITY REQUIREMENTS AND RESPONSIBILITIES ABOVE*** List all prior community colleges & hours completed: Hours 4. 2. I agree to successfully complete _____ credit hours at AWC and ____ credit hours at Student Signature____ Date **Section B:** TO BE COMPLETED BY STUDENT AND NON-PARENT INSTITUTION This student is registered at my institution for the courses listed. As the non-parent school, we will not process this student for financial assistance. We agree to share information about the student's enrollment and to notify the AWC OSFA of other financial resources being received by the student through our institution. Course Title at non-parent institution **Beginning and End Dates Credit hours Tuition per class** TOTAL FEES = \$ Non Parent Institution Official Signature/Title F-mail Address Phone Number Date **Section C:** TO BE COMPLETED BY AWC AID OFFICIAL APPROVED DENIED The course(s) indicated will be acceptable for transfer if completed with a 'C' or better and all other institutional requirements have been met. No audit courses will transfer. AWC Financial Aid Official Signature: Date

WARNING

FAILURE TO PROVIDE ACCURATE INFORMATION, INCLUDING THE NUMBER OF COMMUNITY COLLEGE HOURS TAKEN, MAY RESULT IN THE DENIAL OR CANCELLATION OF THE CONSORTIUM AGREEMENT. FURTHER CONSEQUENCES MAY INCLUDE IMMEDIATE REPAYMENT OF FINANCIAL AID AND SUSPENSION OF FUTURE FINANCIAL AID.