



SSC FINANCIAL AID CONSORTIUM AGREEMENT

According to federal regulations, a consortium Agreement must exist before a home institution can process an application for federal funds for students attending another institution. Therefore, the two institutions named below herein enter into an agreement for:

SECTION A (to be completed by student)

STUDENT NAME: _____ **SSC ID:** _____

HOME INSTITUTION: Seminole State College **HOST INSTITUTION:** _____

I am taking course work at the host institution for the following reason: _____

COURSE(S) To be taken at Host Institution _____

- Student must attach a course schedule and a billing statement from the host institution

I am requesting a Consortium Agreement for the following semester: (choose ONLY one below)

Fall 20__ Spring 20__ Summer 20__

I will be taking _____ credit hours through SSC while taking _____ credit hours through the host institution.

I understand I can only receive financial aid from one institution – Seminole State College. I also understand that if I drop credit hours or withdraw completely during the term specified, I may be required to repay financial aid (including student loans) disbursed through SSC. I will provide a current copy of my grade(s) from the Host Institution to the SSC financial aid office upon completion of each course. I understand that it is my responsibility to use my refund (if any) to pay for charges at the Host institution. **I understand SSC will only approve Consortium Agreements if the student is enrolled at SSC in at least six credit hours.**

Student Signature: _____ **Date:** _____

SECTION B (to Be Completed by SSC Academic Advisor)

The SSC Academic Advisor must review the course(s) listed and determine that the course(s) are transferable towards your SSC degree.

Courses Transferrable: _____

Academic Advisor's Name: _____ **Signature:** _____

SECTION C (to be completed by Host Institution)

HOST INSTITUTION FINANCIAL AID CERTIFICATION: The Host Institution agrees NOT to provide federal funds to the above-mentioned student for the term specified.

Signature: _____ **Title:** _____ **Date:** _____

Name of Institution	Address	Phone Number
Please return this form to:	Seminole State College Financial Aid Office P.O. Box 351, Seminole, OK 74818-0351	(FAX) 405-382-9579

Section D (to Be Completed by Home Institution Financial Aid Officer)

HOME INSTITUTION FINANCIAL AID OFFICE CERTIFICATION: Seminole State College agrees to provide payment(s) to the above-mentioned student, if eligible, under the appropriate Federal and State programs for the specified term mentioned above.

SSC Staff Signature: _____ **Date:** _____