

**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	Hours	Tuition and Fees	Other Items in COA

Student's Signature

Date

[_____] (**Host** Institution)
Financial Aid Administrator

Date

Indian Hills Community College
Registrar

Date

Indian Hills Community College
Financial Aid Administrator

Date