

Columbus State Community College
Consortium Acknowledgement

Date Submitted _____

Student Information (all information is required)

Name _____ Cougar ID Number _____

CSCC email address _____ Contact Number _____

Consortium Agreement Terms (circle): Autumn Spring Summer

Student Acknowledgement, check each box after reading:

- ☐ As of the date of submission of this form, my schedule is finalized for the term I am requesting the Consortium Agreement to cover.
- ☐ I understand that my consortium agreement will be processed based on the current registration level when the form is completed. Any changes to my enrollment may affect my financial aid award at my home school. It is my responsibility to report those changes to my home school. In the event my course(s) are cancelled, it is my responsibility to notify my home school as this may also impact my financial aid award.
- ☐ I understand CSCC is not my home school and therefore I am not eligible for financial aid at CSCC for any term for which I have requested a consortium agreement. All aid awarded at CSCC will be cancelled.
- ☐ I understand the processing of consortium agreements may take up to two weeks for processing from date of submission. It is my responsibility to meet all deadlines at my home school and CSCC. I am responsible for verifying with my home school that my Consortium Agreement has been processed.
- ☐ I understand that I am responsible for paying my CSCC tuition and fees by the stated fee payment deadline, and that the consortium agreement does not extend or in any other way affect those required deadlines.

Your signature below indicates that you have read and understand the requirements above.

Name

_____/_____/_____
Date