Cuyahoga Community	Cuyahoga Community College Student Financial Assistance Office	2007-08 CNSRT1/5/8
College	CONSORTIUM AGREEMENT	
Student "My Tri-C" ID	number: S	

Student LAST name (one letter or dash or space per box)	Student first name	MI
Student's Street Address	() Telephone Number	
City	State ZIP	

I plan to receive a degree or certificate at Cuyahoga Community College ("Tri-C"), which is my home institution. I will be taking coursework as a transient student during this academic term and seek to utilize financial assistance while attending an institution other than Tri-C. Tri-C will consider me enrolled in an eligible program of study and will award and disburse aid based on the Cost of Attendance at both institutions. Tri-C will also manage account refunds and/or overpayments to the Federal Grants, State Grants, and/or Federal Direct Loan Programs that may result from my withdrawal from classes according to established policies.

It is my responsibility to pay the tuition and fees at the visited institution. I must adhere to the standards of academic progress policies of both institutions to continue to receive financial assistance.

I must provide the following to the Tri-C Student Financial Assistance Office:

- 1. A statement from my academic advisor verifying permission to enroll at a visited institution and that the credits will transfer back to Tri-C and apply toward my degree.
- 2. A copy of my class registration from the visited institution.
- 3. Return completed consortium agreement to the Tri-C Student Financial Assistance Office.

I am a degree-seeking stude	ent at Tri-C taking	_ credit(s) during the	academic
term of the	_academic year.		
I will be a transient student at		taking	_ credit(s)
during the	academic term of the	academic year.	

STUDENT AFFIRMATION

I hereby affirm that all reported and attached information is true, complete, and accurate to the best of my knowledge. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial assistance and may subject the filer to a fine, imprisonment or both under provision of the United States Criminal Code.

Student Signature:	 Date:	

Cuyahoga Community College Student Financial Assistance Office

YOU MUST WRITE YOUR ID NUM	IBER AND NAME ON THI	S PAGE, EXACTLY AS	YOU WROTE IT ON THE PREVIOUS PAC	GE:
Student "My Tri-C" ID number:	S			
Student LAST name (one letter or	dash or space per box)	Student	first name	MI
BE COMPLETED BY TH	IE FINANCIAL AI	D ADMINSTRAT	OR AT THE VISITED SCHO	OL:
	tus and to withhold the		oga Community College of any chan deral, state or institutional financial a	
□ Half-t	-quarter time	Dates of Program:	From: To:	
Number of Credits Enrolled:				
Roo Boo Tra	nsportation sc. Fees	\$ \$ \$ \$ \$		
	TOTAL	\$		
Financial Assistance Administ	rator's Signature	Date		
Typed or Printed Name		() Telephone	Number	
Name of Institution		Address (City, State	, Zip)	
BE COMPLETED BY CU	YAHOGA COMM	UNITY COLLEG	E (the student's home institution	on):
Student's cumulative G.P.A.:		Number of credits co	ompleted:	
Financial Assistance Administ	rator's Signature	Date		
Typed or Printed Name		() Telephone	Number	
EASTERN CAM Student Services 4250 Richmond I Highland Hills, C (216) 987-2211	1600Student SerRoad2900 Comr	nunity College Ave. OH 44115	WESTERN CAMPUS Student Services 224 11000 Pleasant Valley Rd. Parma, OH 44130 (216) 987-5100	
\0708 Forms\Consortium A REV MAR-2007	greement 0708.doc		Page 2 of 2	