



CONSORTIUM AGREEMENT 2009-2010

This document is a consortium agreement between Riverland Community College and the host institution. Financial aid will be awarded by Riverland Community College to the student named below for the term(s) indicated. Financial aid will be disbursed according to the Riverland Community College disbursement schedule. This document must be signed and returned to the Financial Aid office at Riverland Community College.

SECTION A: To be completed by the student

Name : _____ Social Security Number _____ - _____ - _____

Address: _____ City _____ State ____ Zip _____

Dates of Proposed Enrollment: _____ to _____

Terms of Proposed Enrollment: Fall Spring Summer Session

I hereby request that, for financial aid purposes, credits taken at both schools named for the term specified above be used to determine my total enrollment status for financial aid purposes. I agree: that these courses are required as part of my certificate, diploma or degree program; to provide Riverland Community College with transcripts from the host school; to make satisfactory arrangements to pay tuition at the host school at the time of registration; and to transfer credits from the host school back to Riverland Community College.

Student signature _____ Date _____

SECTION B: To be completed by the host institution*Course Title**# of Credits*

Cost of Attendance : Tuition & Fees _____ Period of Enrollment _____ to _____
Actual number of credits enrolled _____Certification: The host institution agrees to the following:

1. Riverland Community College agrees to provide financial assistance to the above mentioned student, if eligible, for the term specified.
2. The host institution agrees not to provide financial assistance to the above mentioned student for the term specified.
3. In case of withdrawal, the host institution agrees to promptly inform Riverland Community College.

Host Institution:

Name of School: _____

Address: _____

Printed Name: _____

Signature: _____

Date: _____

**PLEASE ATTACH COPY OF
TUITION BILL****Return form to:**Riverland Community College
Financial Aid Office
1900 8th Avenue NW
Austin, MN 55912

Riverland is asking you to provide information that includes private and/or confidential information under state and federal law. Riverland is asking for this information in order to process this form. You are not legally required to provide the information we are requesting; however, the college may not be able to effectively process this form without it.