



Return this form, along with
the appropriate attachments to:
Riverland Community College
Attn: Financial Aid Office
1900 8th Ave. NW
Austin, MN 55912
FAX: 507-433-0515

Financial Aid Consortium Agreement non-MnSCU Institutions

Student Section

Name _____ Student ID or Star ID _____ Term/Year _____
Address _____ City _____ State _____ Zip _____
Email Address _____ Telephone _____ Major _____

I understand:

- I cannot receive financial aid at two schools during the same term.
- I need to obtain the approval of the Transfer Specialist for the consortium course(s).
- I must attach a copy of my course schedule and fee statement from the host institution to this form.
- The consortium course(s), if approved, will be included in measuring Satisfactory Academic Progress at my home institution.
- I cannot add or drop courses at the host institution without notifying Riverland's Financial Aid Office.
- I will provide an official transcript from the Host institution once the term is complete and grades have been posted.
- I authorize the Host institution to release my academic transcript to Riverland Community College.

Student Signature _____ Date _____

Host Institution Section

Institution Name _____

- The above student has registered for the courses on the attached course schedule.
- The student will not receive financial aid at this institution.
- Our institution agrees to provide an official transcript to Riverland at the conclusion of the term covered by this agreement.

Financial Aid Representative (Printed name) _____ Telephone _____

Financial Aid Representative (Signature) _____

Home Institution Section

Transfer Specialist:

☐ I recommend that the course(s) being taken at the Host Institution be approved for the Financial Aid Consortium Agreement. Riverland Community College will accept these courses as part of the student's degree/diploma/certificate program. The courses approved are: _____

☐ The courses being taken at the host institution are not required for the student's degree/diploma/certificate program.

Transfer Specialist Signature _____ Date _____

Financial Aid Office Use Only

This Financial Aid Consortium Agreement is _____ Approved _____ Not Approved
Credits at Host school _____ Credits at Home school _____ Total Credits for the semester _____
Financial Aid Signature _____ Date _____

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.