

FOOTHILL COLLEGE
FINANCIAL AID OFFICE
12345 El Monte Rd
Los Altos Hills, CA 94022-4599

DE ANZA COLLEGE
FINANCIAL AID OFFICE
21250 Stevens Creek Blvd
Cupertino, CA 95014-5793

FINANCIAL AID CONSORTIUM REQUEST

STUDENTS: Use this form to request a consortium, which would allow your primary college, either Foothill or De Anza, to include units taken at the other college to determine financial aid disbursement amounts. **See your counselor first, then turn it in to the Financial Aid Office.**

Foothill and De Anza Colleges will consider requests where all the following apply:
(Counselor, please check off which categories below apply to this student)

- Course is not offered at the primary college this quarter, OR
- Course is full at the primary college, AND
- Course offered at the other college is *required* for the academic program, AND
- Course is taken in the proper order for transfer or graduation requirements to be met, AND
- Student's transcript shows a pattern of success, AND
- Student has reliable transportation, AND
- Student has a current educational plan with a counselor/academic advisor

Each quarter the student must obtain an educational plan developed with, and signed by, a counselor/academic advisor at their primary college to verify that the courses for that quarter at both institutions will apply toward their certificate, degree or transfer program. The primary college calculates and pays the student after receipt of this Agreement. The primary college is responsible for maintaining related records pertaining to eligibility, award calculation, payments, satisfactory progress and refunds according to their standard policies and procedures. Final determination for a student's eligibility under the Consortium Agreement rests with the Director of Financial Aid at the primary college. Under federal regulations, deferment of loans requires at least half-time enrollment at ONE college.

Name _____ SID# _____ Quarter for Consortium _____

<p>STUDENTS: Why are you requesting to take the course(es) at the other college instead of your primary college?</p> <p>_____</p> <p>_____</p> <p>I understand that, if approved, the course(es) will be included in units attempted for disbursement.</p> <p>_____</p> <p>Student's Signature _____ Date _____</p>

<p>COUNSELOR/ACADEMIC ADVISOR: Current, signed, educational plan attached? Yes _____ Which course(es) designated for consortium? _____ Major in Banner (RSISTDN or SGASTDN) _____ Comments: _____</p> <p>I recommend this student for a Consortium and have checked the circumstances above that apply to this student. I have also discussed transfer planning and identified successful strategies for this student to use during this consortium quarter.</p> <p>_____</p> <p>Counselor/AA Name Printed _____ Counselor's/AA Signature _____ Date _____</p>

<p>For Financial Aid Office Only:</p> <p>_____ approved _____ not approved: _____</p> <p>_____ Signature _____ Date _____</p>
