



2011-12 Consortium Agreement

Student's Name: _____ NSHE ID# _____

E-mail Address: _____ Phone Number: _____

Local or Mailing Address: _____

Section A: To be completed by student and certified by the NSC Office of the Registrar.

Semester: <input type="checkbox"/> Fall 2011 <input type="checkbox"/> Spring 2012 <input type="checkbox"/> Summer 2012			
Host Institution: _____			
For enrollment purposes, the host institution uses: <input type="checkbox"/> Semesters <input type="checkbox"/> Quarters <input type="checkbox"/> Other _____			
		To be Completed by NSC Registrar	
Host Course Prefix and Number	Credit Hours	Transfer Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	I certify that the host school is an accredited Institution, and if the student successfully completes the coursework listed, these credits will transfer to the student's NSC academic record, once an official transcript is received and evaluated.
_____	_____		<div style="border-bottom: 1px solid black; margin-bottom: 5px;">NSC Credit Evaluator Signature</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Date</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Printed Name</div>
_____	_____		
_____	_____		
_____	_____		
Total credits (Host)	_____		
Total credits at NSC	_____		
Combined Total Credits	_____		

Section B: To be signed by your NSC academic advisor.

I have approved the coursework listed above for student's degree program and the reason stated for NOT taking the course(s) here at NSC is because:

Advisor's Printed Name: _____ Advisor Department: _____

Advisor's Signature: _____ Date: _____ Telephone #: _____

Section C: To be completed by the Financial Aid Office at the Host School:

Host School: _____

Address/City/State: _____

Telephone #: _____ Fax #: _____

My signature below verifies that this student will not receive financial aid while enrolled during this period at our institution. If I become aware that the student is receiving scholarship money, veteran benefits, or other resources; I will contact the NSC Financial Aid and Student Employment. If I become aware this student withdraws completely I will inform the NSC Financial Aid and Student Employment.

Host Financial Aid Administrator Signature: _____ Date: _____

Printed Name: _____ Title: _____

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NSC Financial Aid and Student Employment Office Use ONLY:

Received (complete with documentation): _____ FAAI: _____

Residency: _____ 1st/2nd BA/BS/MA: _____ EFC: _____

Revised Student Budget: \$ _____

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Printed Student Name: _____ NSHE ID# _____

Section D: Student must sign and submit supporting documentation listed.

I have received, read, and will keep as reference, the NSC Consortium Information Summary sheet; I understand and will comply with the provided procedures.

I confirm that sections A through D of the Consortium Agreement have been completed and I have attached the following required documents:

- Proof of registration from my Host Institution
- Proof that Host Institution tuition and fees for the consortium semester have been paid in full
(Exception: Students enrolled in the BS-NUR program taking courses NURS 410, 426, 703 or 704 are exempted from this requirement.)

NOTE: The completed consortium agreement with all required signatures and documentation must be submitted to NSC Student Financial Services & Scholarships (SFSS) **prior to the last day to add/drop classes** for the enrollment period identified in Section A of this agreement. Student is strongly encouraged to seek advising from SFSS if they are considering withdrawing from any courses.

I understand that if my enrollment changes and no longer matches the total number of credits (home and host) listed in Section A of this agreement, I will notify SFSS and be advised on the ramifications of my enrollment revision. If I decrease my total credits enrolled from what I've indicated throughout this agreement, I may be placed on Satisfactory Academic Progress Probation or Suspension, or may be required to return financial aid funds according to the NSC withdrawal/refund policy, governed by the Federal Return of Title IV Funds regulations. This may impact your future ability to utilize the NSC Consortium Agreement opportunity.

I further understand that my financial aid cost of attendance used to assist in identifying financial aid eligibility may be impacted (increased or decreased) based on the information contained within this consortium agreement. This may impact the types and amounts of financial aid for which I am eligible.

It is the student's responsibility to ensure that all of host institution credits are transferred back to NSC. I must confirm that the NSC Office of the Registrar receives my host institution transcript. I am responsible for notifying NSC Financial Aid and Student Employment once the transfer credits are reflected on my NSC student record. I understand that the NSC Office of the Registrar cannot guarantee in advance if, or how many credits will be awarded upon transfer of the approved coursework. Failure to properly transfer earned credits to NSC and notifying NSC FASE will impact my future financial aid eligibility at NSC.

I understand that some scholarships and/or grants can impact or change my financial aid eligibility, and may require enrollment of at least 12 credits at NSC. I have listed below all scholarships/grants of which I am aware of at this time:

Name of Donor, Organization, or NSC Department	Amount of Scholarship
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Student Signature: _____ Date: _____

Section E: To be completed by a Financial Aid Administrator at NSC, the Home Institution.

My signature verifies that this student has completed this consortium agreement correctly. NSC, the home institution will be responsible for awarding the student aid for which they are eligible as the degree granting school for the student. We agree to evaluate awards and disburse funds for which student is eligible during the enrollment period designated within this agreement. NSC will monitor enrollment status for credits taken at NSC and if the student withdraws completed, we may perform the refund/repayment calculation. The student must comply with the NSC Satisfactory Academic Progress Policy.

NSC Financial Aid Administrator Signature: _____ Date: _____