

Financial Aid & Scholarships 1700 Spartan Drive, Elgin, IL 60123-7193 Location: B156 Phone: 847-214-7360 Fax: 847-608-5460 Email: financialaid@elgin.edu

2024-2025 Consortium Agreement

SECTION A: STUDENT

<u>I. ,</u> Social Sec	curity number	request that Elgin	Community College (ECC)my home
school and	enter into a consortium	agreement for the	20 term so that my course work at the
host school may be used as part of my	class load in determining my	eligibility for Title IV financial	aid at my home school. I understand that I
will not receive financial aid from the l	host school and must comply	with the policies and rules of th	ne host school in addition to those of ECC.
Further, I understand that this agreem	ent is not valid until it is fully	completed and all required sig	natures have been obtained and the
agreement is accepted by the ECC Dire	ector of Financial Aid.		

The course(s) I am enrolled in at the host school are acceptable at ECC as part of my program of study. These courses are:

Course Number	Course Title	Semester Credit Hours
1.		
2.		
3.		

 Tuition & Fees Charges: \$_____
 Books & Supplies: \$_____
 Other: \$_____

I affirm that the information I have provided on this Consortium Agreement is true and accurate to the best of my knowledge. Further, I agree that the host school indicated above may release information concerning my grades and class attendance to ECC for the purposes of determining my financial aid awards and academic progress. Additionally, I will provide the ECC Financial Aid Office a photocopy of my course grades earned at the host school within 10 days of receipt of grades. I will request a host school academic transcript be sent to the ECC Records Office within 10 days of grades posting. I understand that my aid for the semesters following the period covered by this consortium may be withheld until my grades are received and reviewed by the ECC Financial Aid Office.

Student's Signature _____

Date

SECTION B: CONSORTIUM SCHOOL FINANCIAL AID OFFICE

____ agrees to enter into this Title IV financial aid consortium agreement with ECC for the above student. Further, the host school agrees to notify ECC within 10 days if the student withdraws from the host school. The host school will provide no financial aid for the student during the semester covered by this agreement, and certifies it is a Title IV eligible institution, and that the student's chosen courses in SECTION A are college-level course work.

Financial Aid Office Signature Date _____ Printed name of signer ____

SECTION C: ECC ACADEMIC ADVISEMENT OFFICE

I have reviewed the courses listed above in SECTION A. It is my opinion that if the student achieves a passing grade the courses will be acceptable towards the student's program of study at ECC.

Per Email to Director of Financial Aid_____

Section D: ECC FINANCIAL AID OFFICE

ECC agrees to and is eligible to act as the home school for the student indicated above. ECC agrees to determine eligibility, monitor enrollment, disburse Title IV financial aid, and monitor academic progress for this student.

ECC Financial Aid Signature _____

Date _____