



**Center for Student Financial Aid**  
**California State University, Los Angeles**

5151 State University Drive, SA 124  
 Los Angeles, CA 90032-8402  
 Phone: (323) 343-6260  
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**2017-2018**  
 02/2017

For office use only:

**Consortium Agreement**

**Consortium Eligibility Requirements**

The home or primary institution may accept credits taken at a secondary institution for academic coursework applicable to a degree granted by the primary institution. A student enrolled either partially or wholly at the secondary institution may be entitled to evaluation and receipt of federal student financial aid from the primary institution in accordance with the practices and policies of the primary institution. The primary institution agrees to determine eligibility for and disburse student financial aid funds to students. A student may be eligible to receive federal and/or state financial aid only from the primary or degree-granting institution. Institutional aid is determined by the number of units enrolled for at the primary institution. A student requesting to participate in the Consortium must be enrolled for at least half-time units at the primary institution. Students may not receive Federal financial aid funds for enrollment at two schools during the same enrollment period. By definition, Cal State L.A. is the home/primary institution where the student plans to obtain a degree. This agreement will allow the CSULA to accept the units attempted at a secondary institution. The attempted units at the secondary school will be considered for disbursement at mid-term upon receipt of confirmation from the secondary institution of the student's enrollment status at the time of disbursement. The combination of units attempted at CSULA and secondary institution is only considered when it affects the disbursement of financial aid. The student is required to provide the Center for Student Financial Aid at CSULA with verification of enrollment and a copy of the completed units(s) from the secondary institution.

The federal financial aid law states that "The enrollment status of a student attending more than one school under a consortium agreement is based on all the courses taken that apply to the degree or certificate at the home/primary institution." In order to determine your eligibility for the consortium, you must have a California State University Los Angeles academic counselor certify that the course at the visiting school will be used and are applicable/required towards the completion of your degree objective at CSULA. The maximum transfer credits allowable from a 2-year community college is 70.

**Section 1. To be completed by the Student**

\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ (Cal State LA Campus Identification Number) \_\_\_\_\_

Address (include apt no.) \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Phone Number (include area code) \_\_\_\_\_

Current CSULA Educational Degree Objective (check one):  Baccalaureate  Master's  Teaching Credential

Major Field of Study at Cal State LA (i.e. Nursing, Electrical Engineering, Music, etc.): \_\_\_\_\_

Expected Graduation Date (i.e. December, 2018): \_\_\_\_\_

Enrollment Period for Consortium Request (i.e. Fall 2017): \_\_\_\_\_

Name of Secondary Institution (i.e. Glendale College): \_\_\_\_\_

Please list Course(s) you have/will be enrolling in at the Secondary institution and the equivalent Cal State LA course:

Secondary Institution Course Listing and Units:			Cal State LA Equivalent Course Listing and Units:	
1 _____	Units _____	↔	1 _____	Units _____
2 _____	Units _____	↔	2 _____	Units _____
3 _____	Units _____	↔	3 _____	Units _____

**Cal State L.A. Academic Advisor Certification:**

In accordance with the above named student's education plan. I certify that the course(s) referenced above will apply toward the completion of the stated educational objective at California State University, Los Angeles.

Name of Academic Advisor: \_\_\_\_\_ Department: \_\_\_\_\_

Signature of Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Certification:**

I understand that by signing this agreement, I am asking the home/primary institution to provide federal and/or state financial aid for classes that I agree to complete at the secondary institution. I understand that this consortium agreement will terminate immediately following the conclusion of the enrollment period indicated above and that I will need to complete a new consortium agreement for each term of attendance at the secondary institution. To the best of my knowledge, all information provided on this form is true and complete. Providing false information may lead to disqualification of financial aid eligibility.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2. To be completed by Secondary Institution**

The student who is requesting you to complete this section is applying for and would like to receive financial aid at Cal State LA under a consortium agreement with your institution. Please provide the following information:

Is the above named student receiving Title IV (federal) and/or state financial aid through your institution for the enrollment period listed in Section 1?

Yes  No

Is the student currently registered at your institution for the classes listed in Section 1?

Yes  No

Please indicate the Academic Year for which the student is enrolled in the above listed courses in Section 1: \_\_\_\_\_

Please indicate start and end dates for the term in which the student is enrolled for the above listed courses in Section 1:

Start Date: \_\_\_\_\_ (mm/dd/yy) End Date: \_\_\_\_\_ (mm/dd/yy)

**Secondary Institution Certification:**

I certify that the student referenced above is enrolled in the course(s) referenced above and is not receiving Title IV Federal or State financial aid (excluding California Community College BOGG grants) from this institution.

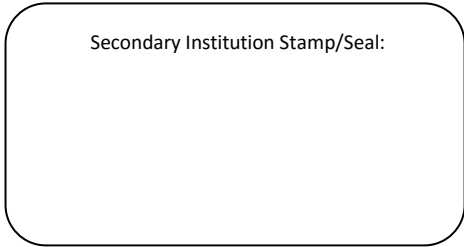
Visiting Campus Name and Address: \_\_\_\_\_

Name of certifying official: \_\_\_\_\_

Signature of certifying official: \_\_\_\_\_

Title of certifying official: \_\_\_\_\_ Date \_\_\_\_\_

Phone Number: \_\_\_\_\_



**Section 3. To be completed by Cal State LA, Admissions Office**

I certify that the courses listed in Section 1, which will be taken at the Secondary Institution, are transferrable to Cal State LA, and may be applied to degree progress as allowable per Cal State LA's University academic policy.

Name of certifying official: \_\_\_\_\_

Signature of certifying official: \_\_\_\_\_

Title of certifying official: \_\_\_\_\_ Date \_\_\_\_\_

**Section 4. To be completed by Cal State LA, Center for Student Financial Aid**

Cal State LA agrees to pay federal and/or state financial aid based on the information provided in this consortium agreement

Name of Financial Aid Staff: \_\_\_\_\_

Signature of Financial Aid Staff: \_\_\_\_\_

Title of Financial Aid Staff: \_\_\_\_\_ Date \_\_\_\_\_