#### ALEXANDRIA TECHNICAL & COMMUNITY COLLEGE

#### CONSORTIUM AGREEMENT

### INSTRUCTIONS FOR THE STUDENT:

- 1. Complete the student information section (Section I).
- 2. Have Alexandria Technical and Community College's Registrar complete Section II.
- 3. Submit this form to the financial aid office at the visited institution and request that the form be completed (reverse side) and mailed to Alexandria Technical and Community College's Financial Aid Office.
- 4. Respond immediately to any additional information requests from Alexandria Technical and Community College's Financial Aid Office.
- 5. Provide Alexandria Technical and Community College's registrar with a grade transcript from the visited college after completion of the term covered by this consortium agreement.

### **SECTION I. STUDENT INFORMATION:**

Name:	Social Security Number:		
Permanent Address:			
I plan to enroll at	(visited college) for the following term:		
Class title	# of credits		
_	You must attach a copy of your class registration.		
information	nmunity College and the visited college permission to share appropriate atus, cost, and financial aid information necessary to execute this agreement		
Student Signature:	Date:		
SECTION II. College Registrar) REGISTRAR'S	APPROVAL (To be completed by Alexandria Technical and Community		
	above named student plans to take at coursework is applicable to the student's program of study at Alex Tech.		
Signature:	Date:		
The Financial Aid Office at Alex	**************************************		

- During the period covered by this agreement, the student will be considered enrolled at Alexandria Technical and Community College. The visited college agrees not to provide any financial assistance.
- Alexandria Technical and Community College agrees to aid the student utilizing cost of attendance and any additional costs appropriate to attending the visited college.

• The visited college will promptly notify the Financial Aid Office at Alexandria Technical and Community College if the student withdraws from any coursework or withdraws completely. Such notice will include the last date of attendance.

# **AUTHORIZED SIGNATURES:**

FINANCIAL AID ADMINISTRATORS AT BOTH COLLEGES MUST COMPLETE THEIR SECTIONS.

## **VISITED COLLEGE:**

Credit hours enrolled (att	tach copy of cla	ass registration):	Total tuition and fees: \$
(Circle one) Quarter	Semester	Term dates:	to
Do you want a copy of the	nis agreement w	when it is completed?	Yes No
College		Sig	gnature
Address		Pr	inted Name
City, State, Zip		Ti	itle
Telephone	e-mail	D	Pate signed
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	НС	OME COLLEGE	
Financial Aid Office			
Alexandria Technical and C	ommunity Coll	Signature ege	
1601 Jefferson St			
Alexandria, MN 56308		Printed Name	
Office: 320-762-4540 FAX: 320-762-4430		Title	
		Date Signed	
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**COMMENTS:**