

Financial Aid Consortium Agreement

between Lake Superior College, the Home Institution, and

_____, the Host Institution

Student Section

Student Name _____ Social Security No. _____

Street Address _____ City _____ State _____ ZIP Code _____

Home Phone _____

Term and Year for the Financial Aid Consortium Agreement _____

For financial aid purposes, I hereby request that credits taken at both schools for the term specified be used to determine my total enrollment status at Lake Superior College. I understand that approved consortium courses will appear on my Lake Superior College schedule for financial aid credit calculation purposes.

I agree to:

- Provide Lake Superior College with official grade transcripts from the Host Institution for the term indicated.
- Make satisfactory arrangements to pay tuition at the host Institution at time of registration.

Student Signature

Date

Host Institution

This student is registered for the course(s) indicated below.
(Please attach a copy of the student's official registration to this agreement.)

Course #	Course Title	Credits	Sem/Qtr	Term Dates

Actual tuition and fees for the above course(s): Tuition \$ _____ Fees \$ _____

Are all fees "eligible fees" based on MOHE's definition? Yes ____ No ____
(If no, please list the dollar amount of "eligible" fees): eligible fees \$ _____

Financial Aid Director/Registrar Signature

Date

Home Institution (Lake Superior College)

The credits listed above are accepted as registered credits for the term listed and have been entered as registered credits into the ISRS system. These credits are included when determining satisfactory academic progress.

Financial Aid Director/Designee Signature

Date

Please return this completed form, along with an official copy of your registration, to:

Financial Aid Office
Lake Superior College
2101 Trinity Road
Duluth MN 55811