



Financial Aid Office

CONSORTIUM AGREEMENT

20____ - 20____

If you are taking units at Cuyamaca College and you would like them to be counted for your financial aid award here at Grossmont College, then you must file a Consortium Agreement. **To participate in this agreement, you must be enrolled in a minimum of 6 units at Grossmont College and the courses you are taking at both Cuyamaca and Grossmont must be applicable towards your educational goal.** This agreement is for **one semester only**. If at any time during the semester you cease to be enrolled in a minimum of six units at Grossmont College, your Consortium Agreement will automatically be cancelled. **You must enroll in all of the courses listed on your Consortium Agreement by Census Day.** Consortium Agreement forms should be submitted before Census Day and no later than the last day of enrollment for the term in which the consortium will be applied. Complete Section A and have Section B signed by a Counselor in the Counseling Office. Return this completed form to the Financial Aid Office.

SECTION A: TO BE COMPLETED BY THE STUDENT IN BLACK INK

Name: _____ SSN#: _____

What is your educational objective at Grossmont College (**Choose Only One**)?

- Grossmont College Certificate Grossmont College Associate Degree Transfer

What is your major for the educational objective marked above? _____

If your goal is to transfer, please list the name of the college/university: _____

Please check which semester this request is for: Fall, 20____ Spring, 20____

List the courses you plan to take at each college:

GROSSMONT COLLEGE

CUYAMACA COLLEGE

Course #	Course Name	Units	Course #	Course Name	Units

Student Signature: _____

Date: _____

SECTION B: TO BE COMPLETED BY A GROSSMONT COLLEGE COUNSELOR IN BLACK INK

Are the courses listed for **both** Grossmont and Cuyamaca requirements for the student's educational objective at Grossmont College?

Yes No Additional Comments: _____

Counselor's Name (printed): _____

Counselor's Signature: _____

Date: _____

 Approved Disapproved F.A. Advisor Initials: _____ Date: _____