NEVADA STATE COLLEGE

OFFICE OF FINANCIAL AID

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NSC FINANCIAL AID CONSORTIUM AGREEMENT 2017-2018

Section 1: To be completed by student and certified by NSC Registrar's Office

Student Last Name **Student First Name** **NSHE ID#**

NSC Degree Program (Acad Plan): _____

Total Completed Degree-Seeking NSC Credits (min. 12 except for BAS): _____

Consortium Semester (circle): FA 17 SP 18 SU 18
NSC Enrolled Credits (FA eligible only): 6 7 8 9 10 11

Host School: _____

Host Semester Dates: _____/_____/_____ **to** _____/_____/_____

Host Course Prefix and Number	Semester Credits	Transferable
		Y N
		Y N
		Y N
		Y N

PLEASE NOTE: If the Registrar indicates "N" regarding transferability, the course cannot be included in the consortium agreement.

To be certified by NSC Registrar's Office

I certify the information above is accurate and that the host school is an accredited Institution; therefore, if the student successfully completes the coursework listed, these credits will transfer to the student's NSC academic record once an official transcript is received and evaluated.

NSC Credit Evaluator Signature Date

Printed Name & NSHE ID: _____

Section 2: To be completed by an NSC Academic or Faculty Advisor

I have approved the transferrable coursework listed for the degree program in Section 1 and the reason stated for not taking the course(s) at NSC is:

Advisor's Signature Date Printed Name NSHE ID

Section 3: To be completed by the Host School's Student Records (SR) Office

Institution Name: _____ **SR Phone:** _____ **SR Fax:** _____

By signing below I acknowledge that NSC will be reporting the student's combined enrollment from the host and home institutions covered by this agreement.

Host Student Records Signature Date Printed Name NSHE ID or Title

Section 4: To be completed by the Host School's Financial Aid Office

Institution Name: _____ **FA Phone:** _____ **FA Fax:** _____

For enrollment above: Tuition/Fees: $_____ **Room and Board COA: $**_____ **EFA/Resources: $**_____

My signature below verifies that this student will not receive federal financial aid while enrolled during this period at our institution. If I become aware the student is receiving scholarship money, tuition waivers or other resources, or that the student withdraws completely, I will inform NSC Financial Aid.

Host FAA Signature Date Printed Name NSHE ID or Title

Student must review and sign Section 5 before submitting to NSC Financial Aid

NSC FINANCIAL AID CONSORTIUM AGREEMENT – 2017-2018

Student Last Name **Student First Name** **NSHE ID#**

Section 5: Student must sign and submit with required supporting documentation

By my signature affixed below:

1. I confirm Sections 1 -4 of the consortium agreement are completed accurately to the best of my knowledge, and I have attached the following required documents:
    - Proof of registration from the Host Institution
    - Proof of payment in full for tuition and fees at the Host Institution
        - Exception: Students enrolled in the BS-NUR program taking courses NURS 410, 426, 703 or 704 are exempted from this requirement.
2. I understand in order to be considered for approval, Sections 1 – 5 of the consortium agreement must be complete and submitted to NSC Financial Aid **no later than the last day to add/drop classes** for the NSC semester indicated in Section 1.
3. I understand NSC Financial Aid will email me a copy of the consortium agreement, indicating approval or denial, within 14 days of receipt.
4. I will immediately notify NSC Financial Aid if my enrollment changes at NSC or the Host Institution.
    - Changes in enrollment may invalidate the consortium agreement or require reduction or cancellation of awards, which may result in a balance owing to NSC or the U.S. Department of Education.
5. I understand that the cost of attendance budget used to determine financial aid eligibility may be modified (increased or decreased) based on information contained within this consortium agreement. This may affect the types and amounts of financial aid for which I am eligible.
6. I understand this consortium agreement applies only to the following types of aid:
    - Federal Pell Grant
    - Federal Iraq & Afghanistan Service Grant
    - Federal Supplemental Educational Opportunity Grant (FSEOG)
    - Federal Direct Stafford and PLUS Loans
7. I will submit official transcripts from the Host Institution to the NSC Registrar's Office indicating grades for the consortium courses **within 30 days** of the end of the consortium semester
    - All consortium courses will be included in my NSC Satisfactory Academic Progress pace calculation.
    - If I do not submit transcripts within the required time frame, NSC will assume I did not complete any of the consortium courses.
    - If I do not successfully complete NSC courses and do not provide a transcript demonstrating successful completion of any consortium credits, any aid awarded for the consortium semester may be subject to reduction or cancellation, which could result in a balance owing to NSC or the U.S. Department of Education.
    - Failure to submit transcripts will disqualify me from future consortium agreements.

Student Signature Date

Section 6: To be completed by NSC Financial Aid Office

APPROVED **DENIED: _____**

NSC Costs: Tuition/Fees: $_____ Room and Board COA: $_____ Revised Semester COA: $_____

☐ Meeting SAP ☐ 12+ DS NSC Credits Completed ☐ 6-11 FA Credits ☐ Degree-Seeking ☐ Declared Major New Level: HT TT FT

If approved, NSC, the home institution and degree-granting school, will be responsible for calculating awards and disbursing aid to the student during the enrollment period designated within this agreement. NSC will monitor eligibility requirements and enrollment status for credits taken at NSC, and if the student withdraws completely, NSC will perform required Return to Title IV calculations.

NSC FAA Signature Date Printed Name NSHE ID