DAKOTA COUNTY TECHNICAL COLLEGE
FINANCIAL AID CONSORTIUM AGREEMENT

STUDENT SECTION

Name _____ SSN _____-_____-_____ TechID _____
Last, First

Address _____
Street City State ZIP

Telephone # (___)_____-_____ E-mail Address _____ Term/Year _____/_____

I understand:

- I cannot receive financial aid at two schools during the same term.
- I must obtain the approval of the Dakota County Technical College Registrar or Transfer Specialist for the consortium course(s).
- Enrollment in extended term and/or correspondence courses may have an impact on my financial aid.
- I will attach a copy of my registration for the Host Institution course(s) to this form.
- The consortium course(s), if approved, will be included in measuring both Academic and Financial Aid Satisfactory Academic Progress at Dakota County Technical College.
- I cannot change my enrollment without notifying the Office of Scholarships and Financial aid at Dakota County Technical College.
- I will provide an academic transcript from the Host Institution to Dakota County Technical College when the term referenced in this agreement has concluded.

Student Signature _____Date _____/_____/_____

HOST (SECOND) INSTITUTION SECTION

Institution Name _____

Course #	Course Title	# of Credits	Term Type*	Term Dates	Instruction Mode*	Grading Option*	Tuition & Fees Paid? Yes/No

***Term Type:** Semester, quarter, extended term, other. Note: Federal financial aid regulations subject courses that deviate from the institution's standard term to more stringent treatment (e.g., an institution on the semester system offers an extended term course that allows more than six months for completion.)

***Instruction Mode:** On-campus, distance learning, other. On-campus includes face-to-face, lecture/lab, etc. Please see definition of "distance learning" on the MnVU website: http://www.mnvu.org.

Grading Options: A-F, S-N (satisfactory-unsatisfactory), P-NC (pass-no credit), audit, other.

- The student has registered for the courses above.
- The student will not receive financial aid at this institution.

Financial Aid
Administrator Name _____ Signature _____ Date ____/_____/_____

DAKOTA COUNTY TECHNICAL COLLEGE (HOME INSTITUTION) SECTION

Institution Name **Dakota County Technical College** Telephone # **(651) 423-8299**
Office of Scholarships and Financial Aid address **1300 145th Street E., Rosemount, MN 55068-2999**

I recommend that the preceding course(s) be approved for the Financial Aid Consortium Agreement. This institution will accept these courses for the student's degree or certificate program. I have determined that there are no courses being offered by this institution that could be substituted for this (these) course(s) this term.

Registrar/
Transfer Specialist Name _____Signature_____Date_____/_____/_____

Office of Scholarships and Financial Aid use only

This Financial Aid Consortium Agreement is: ☐ Approved ☐ Not Approved
Credits at Host Institution _____ Credits at Home Institution _____ Total Credits _____

Office of Scholarships and Financial Aid Signature _____ Date _____/_____/_____