

Financial Aid and Scholarships California State University, Los Angeles

5151 State University Drive, SSB 2230 Los Angeles, CA 90032-8402 Phone: (323) 343-6260

	2024-2025
For office use only:	

Consortium Agreement

Consortium Eligibility Requirements

The home or primary institution may accept credits taken at a secondary institution for academic coursework applicable to a degree granted by the primary institution. A student enrolled either partially or wholly at the secondary institution may be entitled to evaluation and receipt of federal student financial aid from the primary institution in accordance with the practices and policies of the primary institution. The primary institution agrees to determine eligibility for and disburse student financial aid funds to students. A student may be eligible to receive federal financial aid only from the primary or degree-granting institution. This <u>applies to</u> Pell Grant only. A <u>student requesting to participate in the Consortium must be enrolled in at least half-time units (6 units) at the primary institution.</u> Students may not receive Federal financial aid funds for enrollment at two schools during the same enrollment period. By definition, Cal State L.A. is the home/primary institution where the student plans to obtain a degree. This agreement will allow Cal State LA to accept the units attempted at a secondary institution. The attempted units at the secondary school will be combined with the minimum half-time units at Cal State LA to qualify for disbursement of federal financial aid at Cal State LA. The completion of the units at the secondary institution will be reviewed and confirmed prior to the disbursement of federal financial aid for the subsequent term. The combination of units attempted at Cal State LA and secondary institution is only considered when it affects the disbursement of federal financial aid. At the request of Cal State LA Financial Aid and Scholarships Office, the student may be required to provide a verification of enrollment and a copy of the completed units(s) from the secondary institution.

Federal financial aid law states that "The enrollment status of a student attending more than one school under a consortium agreement is based on all the courses taken that apply to the degree or certificate at the home/primary institution." In order to determine your eligibility for the consortium, you must have a California State University Los Angeles academic counselor certify that the courses at the visiting school will be used and are applicable/required towards the completion of your degree objective at CSULA. The maximum transfer credits allowable from a 2-year community college is 70.

Last Name	First Name		M.I.	(Cal State LA Campus Identifica	ation Number)
Address (include apt no.)				Date of Birth	
City	State		ZIP Code	Phone Number (include area c	ode)
Current CSULA Educational D	urrent CSULA Educational Degree Objective (check one): ☐ Baccalaure		calaureate	☐ Teaching Creder	ntial
Major Field of Study at Cal St	ate LA (i.e. Nursing, Electrical E	ngineer	ing, Music, etc.):		
Expected Graduation Date (i.	.e. December, 2024):				
Enrollment Period for Conso	rtium Request (i.e. Fall 2024):				
	on (i.e. Glendale College):				
Please list Course(s) you have	e/will be enrolling in at the Sec	ondary i	nstitution and the	equivalent Cal State LA cours	e:
Secondary Institution	Course Listing and Units:		Cal State L	A Equivalent Course Listing an	d Units:
	Units	⇨	1	L	Jnits
		⇒	2	L	Inits
	Units	_			
2				ι	
To be completed by Academ Cal State L.A. Academic Advis In accordance with the above name objective at California State Univers	units nic Advisor sor Certification: d student's education plan. I certify that	<i>⇔</i> at the cour	3rse(s) referenced abov		Inits

I understand that by signing this agreement, I am asking the home/primary institution to provide Federal financial aid for classes that I agree to complete at the secondary institution. I understand that this consortium agreement will terminate immediately following the conclusion of the enrollment period indicated above and that I will need to complete a new consortium agreement for each term of attendance at the secondary institution. To the best of my knowledge, all information provided on this form is true and complete. Providing false information may lead to disqualification of financial aid eligibility.

Student Signature: Date:

Section 2. To be completed by Secondary Institution The student who is requesting you to complete this section is applying for and would I with your institution. Please provide the following information:	ke to receive federal financial aid at Cal State LA under a consortium agreement
Is the student currently registered at your institution for the classes I	sted in Section 1?
Please indicate the Academic Year for which the student is enrolled in	the courses listed in Section 1:
Please indicate start and end dates for the term in which the student "in line" or parallel with the start and end dates at the Primary Institu	
Start Date: End Da	te:
Start Date: End Da	te: (mm/dd/yy)
Secondary Institution Certification: I certify that the student is enrolled in the course(s) referenced above and is not receive Grants) from this institution.	ing Title IV Federal or State financial aid (excluding California College Promise
Visiting Campus Name and Address:	
Name of certifying official:	Secondary Institution Stamp/Seal:
Signature of certifying official:	
Title of certifying official: Date	:
Phone Number:	
Section 3. To be completed by Cal State LA, Admissions Office I certify that the courses listed in Section 1, which will be taken at the Secondary Instit allowable per Cal State LA's University academic policy. Name of certifying official: Signature of certifying official: Title of certifying official:	ution, are transferrable to Cal State LA, and may be applied to degree progress as