

# Klamath Community College

## Student Title IV Financial Aid Consortium Agreement

**Home Institution:** The Institution that you are receiving financial aid from and that will be awarding your degree when all course work is completed.

**Host Institution:** The Institution that you are taking course work from that will apply towards your degree at the Home Institution. The Host Institution **does not provide financial aid.**

This form is to assist **Klamath Community College** financial aid students who wish to enroll at more than one institution during a term. A student who is concurrently enrolled at both Klamath Community College (Home Institution) and the Host Institution will have his/her enrolled credits combined to determine enrollment status for financial aid disbursement. This form is for students who want KCC to be their Home Institution. Only the Home Institution may disburse financial aid funds for the term.

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### Student Section:

Choose the academic Term that you plan to be co-enrolled. Note: student must complete a new Consortium Agreement every term.

Summer 2024       Fall 2024       Winter 2025       Spring 2025

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Student's Name

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Student ID Number

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Name of Host Institution

***Please initial each of the following terms and conditions:***

- I am enrolled in a minimum of 6 credits at Klamath Community College.
- The course I am enrolled in at the host institution is not offered at Klamath Community College.
- I have cancelled all aid awarded by my HOST Institution for the term of co-enrollment.
- A copy of my course registration at the HOST Institution is attached – NOT a billing statement.
- The course I am registering for at the HOST Institution is a 100 or 200 level course. Courses above 200 level will not be included in financial aid eligibility.
- An academic advisor has approved my HOST coursework as applicable to my Klamath Community College degree plan, and completed the advisor certification on the back of this form.
- I understand that I can only receive financial aid from one institution each term.
- I understand that my HOST credits and grades will be treated in the same manner as all other courses taken at Klamath Community College, and will be subject to Klamath Community College's Standards of Satisfactory Academic Progress.
- I will submit an official transcript to Klamath Community College's Financial Aid Office at the completion of the term, and I understand that future funding will be postponed until the official transcript is received.
- I understand that I am responsible for paying all tuition, fees, & other incidental charges at my HOST Institution by the first Friday of the term with the Cashier – 541-880-2237.

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Student Signature

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Date

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**Submit to the HOST Institution for completion (attach copy of registration):**

The above student is enrolled in the following at \_\_\_\_\_ HOST Institution

Name of Course	Course Number	Credit Hours	Total Cost
1. _____	_____	_____	
2. _____	_____	_____	
3. _____	_____	_____	\$ _____

All pending disbursements for this term have been cancelled at the HOST Institution.

Signature, Financial Aid Official \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_ @ \_\_\_\_\_ .

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### Klamath Community College Academic Advising

KCC credit hours: \_\_\_\_\_ + Host credit hours: \_\_\_\_\_ = Total credit hours: \_\_\_\_\_

Student's current MAJOR \_\_\_\_\_

As the student's Academic Advisor, I certify that the courses at the HOST Institution that the student is enrolled in are applicable to their KCC program of study. The student has not previously earned credit for these courses at KCC, nor has the student previously transferred these credits to KCC. I have confirmed with the student that their current major and degree program are accurate in the college records.

Academic Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_ @ \_\_\_\_\_ .

Comments:

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**Please return this form to:**

Klamath Community College  
Financial Aid Office  
7390 S. 6<sup>th</sup> Street  
Klamath Falls, OR 97603

Phone: (541) 882-3521  
Fax: (541) 880-2250  
www.klamathcc.edu  
Title IV School Code: 034283