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.

| Choose the academic Term that you plan to new Consortium Agreement every term. | be co-enrolled. Note: student must complete a | |
|--|--|--|
| Summer 2025 Fall 2025 | ☐ Winter 2026 ☐ Spring 2026 | |
| Student's Name | Student ID Number | |
| Name of Host Institution | | |
| A copy of my course registration at the The course I am registering for at the H above 200 level will not be included in the An academic advisor has approved my Community College degree plan, and conform. | HOST Institution for the term of co-enrollment. HOST Institution is attached – NOT a billing statement. HOST Institution is a 100 or 200 level course. Courses financial aid eligibility. HOST coursework as applicable to my Klamath ompleted the advisor certification on the back of this ancial aid from one institution each term. | |

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 1. | Course Number | | Total Cost |
| 2. | | | |
| 3 | | | \$ |
| ☐ All pending disburseme | ents for this term have be | en cancelled at the | e HOST Institution. |
| Signature, Financial Aid Official | Title | | Date |
| | <u></u> | @ | <u>.</u> |
| Phone Number | Email Address | = | |
| Klamath Community Colle | ge Academic Advising | | |
| KCC credit hours: | + Host credit hours: | _= Total credit hou | rs: |
| Student's current MAJOR | | | |
| As the student's Academic A student is enrolled in are appreviously earned credit for these credits to KCC. I have program are accurate in the | olicable to their KCC program these courses at KCC, nor had confirmed with the student | m of study. The stu has the student prev | dent has not viously transferred |
| Academic Advisor Signature | | | ate |
| | | | |
| Phone Number | Email Address | @ | <u>.</u> |
| Comments: | | | |
| | | | |
| | | | |
| Please return this form to: Klamath Community College | | Phone: | (541) 882-3521 |
| Financial Aid Office | | | 11) 880-2250 |
| 7390 S. 6 th Street | | | mathcc.edu |

Title IV School Code: 034283

Klamath Falls, OR 97603