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|-------------------------|--|--|---|--|--|---|---|--|--|
| SOCIAL SECURITY NUMBER | | | | | | | | | |
| | | | _ | | | | _ | | |
| MPC STUDENT'S ID NUMBER | | | | | | | | | |

2019—2020 Consortium Agreement

| Print Clearly. Use | ink only. | | |
|---------------------------------------|------------------------------|--------------------|---|
| Last Name | First Name | MI | Other Names Used at MPC (Last, First, MI) |
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| isortium Agreemer | nt between <u>Monterey F</u> | <u>eninsula Co</u> | ollege and |
| - | (Ho | me Institution |) (Host Institution) |

In the matter of Financial Aid, the student named authorizes to comply with the following terms of the agreement for the period _______ through ______.

- 1. MPC considers the above named student as a regular student in the ______ program and will, upon the student's request, confer a degree or certificate upon successful completion of the program.
- 2. MPC is considered the Home Institution for all Federal, Title IV financial aid matters although the student will be taking certain approved courses at the Host Institution named above.
- 3. The Host Institution will furnish MPC with confirmation of the student's enrollment, the student's educational costs, notification of any financial assistance awarded through the Host Institution, withdrawals, grades, and other information related to academic progress.
- 4. The following courses at the Host Institution have been approved for transfer to the student's program at MPC. The student must be enrolled in a minimum of <u>6 units</u> at the Home Institute to be eligible for financial aid consideration. (ONLY COURSES THAT ARE LOWER DIVISION COURSES WILL BE ACCEPTED).

| Course # | Course Title | Units | Start Date | End Date |
|----------|--------------|-------|------------|----------|
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I authorize the Host Institution to send a copy of my academic transcripts to MPC after completion of the above classes.

Student's Signature:

Co

| Host Registrar's Office: | Signature | Name | Title | Date |
|----------------------------|-----------|------|-------|------|
| | | | | |
| Host Financial Aid Office: | Signature | Name | Title | Date |

Date:

| MPC Counselors Office: | Signature | Name | Title | Date |
|------------------------|-----------|------|-------|------|
| | | | | |

| MPC Financial Aid Office: | Signature | Name | Title | Date |
|---------------------------|-----------|------|-------|------|
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