



Home Institution: The institution from which you are seeking a degree and from which you intend to receive financial aid.
Host Institution: The institution(s) where you are taking courses that apply towards the degree from the Home Institution.

HOME School: Trinidad State College
 Financial Aid Office

financialaid@trinidadstate.edu

Students must complete a new consortium agreement every semester. Consortium agreements received after the semester has ended will not be accepted.

Mark the term this consortium is for: Fall 2024 Spring 2025 Summer 2025

Complete and sign the Student Information section below and submit this form to the "Host Institution". Please print.

Name: _____ **Email:** _____ **Phone:** _____

HOME S#: _____ **Host S#:** _____

My HOST school(s) will be: _____

Student Certification - By signing this agreement, I understand that:

1. The Financial Aid Office at your host school **must** document your registration, tuition, & fee costs and sign this form.
2. It is the student's responsibility to ensure TSC's Financial Aid Office receives the consortium agreement after the Host school certifies their section.
3. **You must be taking a minimum of 6 credits for the entire term and enrolled at TSC** to be eligible to receive and keep your financial aid. If you drop **any** courses, your financial aid could be returned, creating a balance on your student account.
4. TSC's Registrar must certify that the coursework at the host institution is applicable to your degree plan.
5. Courses taken at the host school will be treated the same for Satisfactory Academic Progress (SAP).
6. Financial aid will be disbursed according to the home school disbursement schedule. Consortium agreements can cause a delay in disbursements, so plan accordingly.
7. It is your responsibility to report changes in enrollment during the term. If you drop all courses at both schools, the home school will perform a Return of Title IV Funds calculation and may return funds to federal accounts. This could result in a bill on your student account.
8. **You are responsible** for paying tuition, fees and other charges at the host school.
9. **You must submit an official transcript from the host school** at the end of the term. We will hold financial aid for future terms until the TSC Registrar's Office receives the transcript.
10. You understand and authorize both schools to share information about your educational records.

Student Signature _____ Date _____

Trinidad Campus
 600 Prospect St.
 Trinidad, CO 81082
 719/846-5017
 financialaid@trinidadstate.edu

Valley Campus
 1011 Main St.
 Alamosa, CO 81101
 719/846-5017
 financialaid@trinidadstate.edu



Name: _____ HOME S#: _____

Please list all courses from the HOST school that you wish to apply to the consortium agreement for this term:

Course Name	Course Number	Credit Hours	Course Begin and End Date

Total costs for consortium term (please include tuition and fees): \$ _____

The “Host Institution” will not award any Federal, State, financial aid or other aid from private sources to the student. If the host school elects to award the student financial aid from a source controlled or managed by the host school, it will promptly notify TSC to ensure that the student does not receive financial aid in excess to his or her eligibility.

Host Financial Aid Representative: _____ Date: _____

____ I certify that the courses the student is enrolled in at the Host school are applicable to the student’s program of study; the student has not previously earned credit for these courses; and that s/he must have these courses to complete her/his degree program at the Home school.

____ I deny this request due to: _____

TSC Registrar Signature _____ Date _____

The “Home Institution” agrees to pay Title IV Federal Financial Aid to the above-mentioned student based on the information provided in this Student Title IV Federal Financial Aid Consortium Agreement.

TSC Financial Aid Representative: _____ Date: _____