



Office of Student Financial Aid  
 1057 W. College Ave.  
 Independence, KS 67301  
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## Independence Community College Consortium Agreement

**This document must be completed and on file at ICC before financial assistance will be provided.**

### TERM ENROLLED

Fall \_\_\_\_\_
  Spring \_\_\_\_\_
  Summer \_\_\_\_\_

### STUDENT INFORMATION

Name \_\_\_\_\_ ID# \_\_\_\_\_  
Last
First
M.I.
Other Last Names

### CONSORTIUM TERMS

- ICC and any host institution reserve the right to deny consortium agreement requests.
- ICC will only enter into a consortium agreement with a Title IV-eligible institution in the state of Kansas.
- ICC, as the home institution, will be responsible for monitoring student eligibility, monitoring SAP, calculating/disbursing aid, calculating any applicable return of Title IV aid, and keeping record of this agreement and any supporting documentation in accordance with Department of Education record retention requirements.
- The host institution agrees to provide cost of attendance information, the student's enrollment status, and to report any withdrawal (official or unofficial) within ten (10) days of the host becoming aware of the withdrawal.
- The student must be degree or certificate-seeking in a Title IV-eligible program at ICC and the host institution course(s) to be considered in the consortium must be required for completion of the student's degree or certificate at ICC.
- The student must be non-degree-seeking at the host institution.
- The student must be in good academic standing at ICC, i.e., not on financial aid warning, denial, or probation.
- At the end of the consortium agreement semester an official academic transcript must be sent to the ICC Registrar's Office for determination of Satisfactory Academic Progress. This must be completed before the student can receive financial aid for the next period of enrollment.

### ACADEMIC INFORMATION

**Host Institution:** \_\_\_\_\_

Enrollment level at Host Institution: \_\_\_\_\_

The Course(s) I will be taking at the Host Institution are as follows:

Course #	Credit Hours	Course Name	Begin Date	End Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please attach a course schedule with this signed agreement.

**HOST COST OF ATTENDANCE INFORMATION**

Host Institution \_\_\_\_\_

Tuition: \$ \_\_\_\_\_ Fees: \$ \_\_\_\_\_ Housing: \$ \_\_\_\_\_ Meals: \$ \_\_\_\_\_

Books, Supplies, Materials, & Equipment: \$ \_\_\_\_\_

Other educational expenses: \$ \_\_\_\_\_ Please specify: \_\_\_\_\_

Other Resources (scholarships, grants, waivers, etc.):

\$ \_\_\_\_\_ Please specify: \_\_\_\_\_

\$ \_\_\_\_\_ Please specify: \_\_\_\_\_

**CERTIFICATION**

On behalf of my institution, I understand and agree with the terms and conditions of this consortium agreement as outlined above:

\_\_\_\_\_  
Host Financial Aid Officer's Name and Title Email

\_\_\_\_\_  
Host Financial Aid Officer's Signature Date

On behalf of ICC, I understand and agree with the terms and conditions of this consortium agreement as outlined above:

\_\_\_\_\_  
ICC Financial Aid Director Date

**ICC OFFICE USE ONLY**

Final Enrollment Level: \_\_\_\_\_

Recalculation of Budget: \_\_\_\_\_

Recalculation of Awards: \_\_\_\_\_  
Pell Loan FWS