



STUDENT INFORMATION

Last Name First Name M.I. Student ID#

The Consortium form is to request financial aid consideration for course(s) taken at other Los Rios College(s) (ARC/FLC/SCC). A consortium may be granted when the class(es) required toward completion of the student's program of study are not offered at CRC or the class(es) offered at CRC conflict with the student's class or work schedule. **Students must be enrolled in at least 0.5 units at CRC during the term for consideration. Incomplete items will cause a delay or denial. If you are currently required to follow a Maximum Timeframe Appeal, any classes listed below must be on your approved SEP/ISEP.**

1. Select Term: ___Fall 2018 ___Spring 2019 ___Summer 2019
 2. The school granting my certificate, degree or transfer is: ___CRC ___ARC ___FLC ___SCC
 3. I certify that my declared program of study at the Admissions and Records Office is correct and understand that the Financial Aid Office uses this information to evaluate my request. *(initial here)*

 4. I understand I must submit a Consortium Request for each semester I enroll in at multiple colleges in the Los Rios District for financial aid consideration. In addition, I have reviewed the **dates and deadlines** posted on the Financial Aid website and know I must submit my Consortium by the deadline for each semester.
 Semester deadlines: *Fall 2018-October 15, 2018 | Spring 2019-March 11, 2019 | Summer 2019-June 24, 2019*
 _____ *(initial here)*
 5. Briefly describe the reason(s) why you are not able to take the course(s) at CRC:

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Student Acknowledgement and Certification: I understand that only the course(s) required towards my program of study at CRC required for graduation, certificate, or transfer and certified by a CRC counselor will be considered. If I am no longer enrolled in the approved courses listed on my consortium at the time my financial aid eligibility is reviewed, this request will be null and void. I also understand that it is my responsibility to decline financial aid from other college(s) for the same period I am receiving financial aid at CRC. In addition, I understand that this consortium request is valid for the current semester only and cannot be retroactive.

Student's Signature _____ **Date** _____

STUDENTS - DO NOT WRITE BELOW THIS LINE. TO BE COMPLETED BY A CRC COUNSELOR.

Counselor's approval and Certification: After review of the student's program of study, I certify that I have listed only courses from ARC/FLC/SCC that meet the student's program requirements.

<i>American River College Course(s) (e.g. Hist 311)</i>	Units	<i>Folsom Lake College Course(s) (e.g. Hist 311)</i>	Units	<i>Sacramento City College Course(s) (e.g. Hist 311)</i>	Units
<i>Total Units</i>		<i>Total Units</i>		<i>Total Units</i>	

Counselor's Comments: _____

Counselor's Signature: _____ Date _____

CRC Counselor's Name (Please Print): _____