



Northern Marianas College
 PO Box 501250 • Saipan, MP 96950 • Phone: (670) 237-6791~4
 Fax: (670) 235-4967 • Web Site: www.marianas.edu

Student Title IV Financial Aid Consortium Agreement Form
Section I: To Be Completed by the Student and the Home Institution

The purpose of this agreement is to ensure that the student receives the financial aid for which he/she is eligible. This form is intended for use by students who designate Northern Marianas College as the Home Institution.

Instructions:

1. Obtain a Consortium Agreement from the **HOME** institution.
2. Have an academic advisor from the **HOME** institution review the selected courses to be taken at the **HOST** institution. The advisor must sign the Consortium Agreement.
3. Obtain confirmation of enrollment from the financial aid office at the **HOST** institution.
4. Return the completed consortium agreement to the Financial Aid Office at the **HOME** institution **by the submission deadline date.**

Student Information

Last Name	First Name	MI	Social Security Number	Student ID Number
NMC Email Address			Phone Number with Area Code	
@marianas.edu				
Home (Parent) Institution	Host (Participating) Institution	Semester	Year	

Terms of Agreement:

1. **Student is responsible for making payment arrangements at Host institution.** Host institution may require payment of your tuition and fees by their due date. Check the **HOST** institution's policy.
2. The student will be funded by the **HOME** institution, and all financial aid records for the payment period will be maintained in the financial aid office at that school.
3. The student will be responsible for maintaining enrollment for the payment period of this agreement at the **Host** institution and must officially transfer final grades at the close of the semester specified by this agreement to the **Home** institution in order to receive financial aid for future semesters.
4. Student is required to provide the **HOME** institution with confirmation of enrollment at the **HOST** institution.
5. The courses below will be subject to NMC's Financial Aid Standards of Satisfactory Academic Progress.
6. This agreement is valid only for those courses listed below which pertains to your program of study. Any changes will require a new agreement be submitted.
7. The student is required to be enrolled at the **HOME** institution prior to submitting this form. **The Home institution will require a minimum enrollment of 6 credits enrollment at the Home institution.** Check the **HOME** institution's policy.
8. The course work at the **Host** institution may not overlap the end date of the prior term or start date of the subsequent term at the **Home** institution.

To Be Completed by Student:

By signing this form, I acknowledge that if I do not abide by the terms listed above it will void this agreement, and I will not be eligible to receive any form of Title IV Financial Aid (Federal Grants, Subsidized Loans, etc.) for the courses listed below.

Student's Signature (<i>electronic signature NOT accepted</i>)	Date
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Courses Taken at the Host Institution:

Subject Code	Course Title	Credit Hours	Distance Learning	Start Date	End date	NMC Course Equivalency
			Y /N			
			Y /N			
			Y /N			

I certify that the courses listed above apply to the student's program of study of: _____

 Registrar's Signature at the **HOME** Institution (Print and Sign) Date

 Academic Advisor's Signature at the **HOME** school (Print and Sign) Date

I confirm above enrollment is accurate and financial aid will not be paid from our institution. (Host Institution)

 Financial Aid Officer's Signature at the **HOST** school (Print and Sign) Date



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Section 2: To Be Completed by the Host School

Student enrollment dates under this Agreement: ____/____/____ to ____/____/____

Tuition and Fees (per credit hour) \$_____

Books and Supplies (per credit hour) \$_____

Child Care \$_____

Room and Board \$_____

Transportation \$_____

Personal \$_____

Total \$_____

Under this consortium agreement and upon completion of this form, the Host institution will:

- Notify Northern Marianas College if the student drops or withdraws from any or all courses at the institution.
- Not process any federal or state financial aid from the consortium term.
- Attach a copy of the student's current registration and invoice to this form.

Host Institution's Financial Aid Officer's Signature

Date

Please Print Name

Telephone Number/Email Address

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

Home Institution's Financial Aid Officer's Signature

Date