



## NSC FINANCIAL AID CONSORTIUM AGREEMENT 2021-2022

### Section 1: To be completed by student and certified by NSC Registrar's Office

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Student Last Name

Student First Name

NSHE ID#

NSC Degree Program  
(Acad Plan): \_\_\_\_\_

Total Completed Degree-Seeking  
NSC Credits (min. 12 except for BAS): \_\_\_\_\_

Consortium Semester (circle): FA 21 SP 22 SU 22  
NSC Enrolled Credits (FA eligible only): 6 7 8 9 10 11

Host  
School: \_\_\_\_\_

Host Semester Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Host Course Prefix and Number	Semester Credits	Transferable	To be certified by NSC Registrar's Office
		Y N	I certify the information above is accurate and that the host school is an accredited Institution; therefore, if the student successfully completes the coursework listed, these credits will transfer to the student's NSC academic record once an official transcript is received and evaluated.
		Y N	
		Y N	
		Y N	
PLEASE NOTE: If the Registrar indicates "N" regarding transferability, the course cannot be included in the consortium agreement.			NSC Credit Evaluator Signature _____ Date _____
			Printed Name & NSHE ID: _____

### Section 2: To be completed by an NSC Academic or Faculty Advisor

I have approved the transferrable coursework listed for the degree program in Section 1 and the reason stated for not taking the course(s) at NSC is:

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Advisor's Signature

Date

Printed Name

NSHE ID

### Section 3: To be completed by the Host School's Student Records (SR) Office

Institution Name: \_\_\_\_\_ SR Phone: \_\_\_\_\_ SR Fax: \_\_\_\_\_

By signing below I acknowledge that NSC will be reporting the student's combined enrollment from the host and home institutions covered by this agreement.

Host Student Records Signature

Date

Printed Name

NSHE ID or Title

### Section 4: To be completed by the Host School's Financial Aid Office

Institution Name: \_\_\_\_\_ FA Phone: \_\_\_\_\_ FA Fax: \_\_\_\_\_

For enrollment above: Tuition/Fees: \$ \_\_\_\_\_ Room and Board COA: \$ \_\_\_\_\_ EFA/Resources: \$ \_\_\_\_\_

My signature below verifies that this student will not receive federal financial aid while enrolled during this period at our institution. If I become aware the student is receiving scholarship money, tuition waivers or other resources, or that the student withdraws completely, I will inform NSC Financial Aid.

Host FAA Signature

Date

Printed Name

NSHE ID or Title

