



**FINANCIAL AID - CONSORTIUM AGREEMENT**  
**Between Chabot College and**

\_\_\_\_\_  
**Name of Host School**

\_\_\_\_\_  
**Title IV School Code**

Chabot College and the above-named school are herein entering into a consortium agreement for:

Student Name	Date:
Address	Student SS# :
City, State, Zip	Email:

for the following semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

**NOTE: Students must complete this form *each semester* for which they wish to request financial aid under a consortium agreement. They must provide grades from Host School prior to receiving any additional aid at Chabot College, which may delay disbursement until grades received, reviewed and processed by our office.**

**Section I – Student Criteria and Agreement**

I understand that:

1. I must be enrolled in a Certificate, Associate or Transfer degree-granting program at Chabot College, and making Satisfactory Academic Progress as specified by the Chabot Satisfactory Academic Progress policy.
2. Typically, I must be enrolled at least half-time (6 units Fall or Spring) at Chabot College in order to be eligible for financial assistance under a consortium agreement. The transferable coursework from Host School, listed on reverse, will be used to establish additional enrollment for the above period. Exceptions made only on case by case basis.
3. I must only take courses through Host School that are applicable towards my program of study at Chabot College; I understand that the Chabot Financial Aid Office recommends consultation with my Chabot College Academic Counselor, and that I am responsible for repayment of funds received by Chabot College if it is determined at any time that courses taken at the Host School are/were not applicable toward my Chabot degree.
4. I cannot receive financial aid at the Host School (or any other school) during the period of consortium agreement (other than the California Board of Governor’s Fee Waiver (BOG)).
5. I must submit this completed form and a copy of registration from the Host School to the Chabot Financial Aid Office prior to receiving financial aid funds.
6. I must make any applicable payments owed directly to the Host School – Chabot will NOT make payment arrangements with Host School.
7. I must complete the course(s) by the end of the Chabot standard semester (Fall/Spring/Summer) for which this form is being completed and submit a final grade report from the Host School to the Chabot Financial Aid Office. A hold will be placed for the next semester(s’) financial aid until the grades are received and verified.
8. I understand any failure to complete the coursework (F, NC, W, I, etc.) at the Host School may result in my not meeting Satisfactory Academic Progress at Chabot College, and may affect my eligibility for continued financial aid assistance at Chabot College. I further understand that all attempted hours taken at the Host School will be included in calculation of maximum time frame (150% of program length).

I understand that I am responsible for advising the Chabot Financial Aid Office of withdrawal from approved hours at Host School and may be required to repay financial aid received as applicable under Federal regulations regarding Return to Title IV.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Student Name: \_\_\_\_\_

SS#: \_\_\_\_\_

**Section II – To be Completed by Student and/or Chabot Academic Counselor**

Total unit enrollment for the semester: \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
Chabot College                      Host School                      Total Unit Enrollment

Please list the course(s) the student is taking at the Host School which are applicable to Chabot College program of study:

COURSE NAME	COURSE NUMBER	NUMBER OF UNITS

**Section II – To be completed by the Host School**

**Will the student receive financial aid, other than the BOG Fee Waiver, at your institution?**    Yes                      No

**If “Yes,” STOP. Please sign this document and return it to the student.**

**If “No,” please complete the remainder of this form.**

- Dates of Enrollment under this Agreement: \_\_\_\_\_ to \_\_\_\_\_
- Number of Weeks of Instructional Time: \_\_\_\_\_

Chabot will use the student’s cost of attendance for Chabot College to calculate Title IV federal student financial aid eligibility for students under this Consortium Agreement.

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

\_\_\_\_\_

Host School’s Financial Aid Officer’s Signature	Please print or type name
Telephone No.                      /                      Email Address	Date

**Please return this form to the Chabot College Financial Aid Office with a copy of printed registration information for the enrollment period.**

**Mail to: Chabot College, FAO, Rm #110,  
25555 Hesperian Road,  
Hayward, CA 94545  
Call 510-723-6751 with questions.**

Pursuant to the Americans with Disabilities Act, if you require this information in alternative format or have special needs, please contact the Financial Aid Office.