

Return to:
Ohlone College
Financial Aid Office
Building 7, 2nd Floor
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Fremont, CA 94539
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CONSORTIUM AGREEMENT

- BETWEEN -

OHLONE COLLEGE and CHABOT COLLEGE

The purpose of this agreement is to allow Ohlone College students to enroll in transferable coursework at Chabot College **AND** receive financial aid for those units at Ohlone College. For purposes of this agreement, Ohlone College will be considered the **HOME** campus and Chabot College the **HOST** campus. The Ohlone College Financial Aid Office will include the units from such transferable courses in determining the enrollment status of Ohlone College students. The allowable costs of attendance at Ohlone College will be used to calculate the Title IV federal student aid eligibility for students under this Consortium Agreement. Both Chabot College and Ohlone College are eligible for Title IV funding under the *Higher Education Act* of 1965.

In order to benefit from this Agreement, a student must:

- 1) Be admitted to Ohlone College;
- 2) Have an approved financial aid package at Ohlone College, the **HOME** Campus;
- 3) Be enrolled in at least six (6) units at Ohlone College during the semester for which the agreement applies;
- 4) Be enrolled in courses at Chabot College, **HOST** Campus, which have been pre-approved as applying toward the student's remaining degree;
- 5) Inform Ohlone Financial Aid Office of withdrawal of the approved classes at HOST campus.

This agreement **does not** apply to enrollment or aid for **Summer terms or sessions.**

Chabot College
(HOST College)

Signature of FA representative

(Printed Name)

(Date)

(OVER)

CONCURRENT ENROLLMENT AGREEMENT Ohlone College

THIS SIDE TO BE COMPLETED BY THE STUDENT

Please attach a copy of the class schedule from the HOST campus.

Student Name: _____ Student ID # _____

Term: _____

Host Campus: **Chabot College**
(Institution at which I will be concurrently enrolled)

Home Campus: **OHLONE COLLEGE**
(Institution at which I will be enrolled and receiving aid)

Are you receiving any type of Financial Aid at Chabot College in the term listed above (except fee waiver)? YES NO

If YES, you are not eligible to receive Financial Aid at Ohlone. Please contact Chabot College for assistance. If NO, please continue.

Total unit enrollment at the **HOST** campus for the above semester: _____

Total unit enrollment at the **HOME** campus for the above semester: _____

Total Units: _____

COURSE NAME	COURSE NUMBER	NUMBER OF UNITS

Student Agreement:

- 1) I understand, except for summer periods, I must be enrolled in at least six (6) units at Ohlone College in order to be eligible for financial assistance under a Consortium Agreement.
- 2) I understand my transferable coursework listed above will be used to establish my enrollment status at Ohlone College for the above period.
- 3) I agree to provide verification of my enrollment in the above listed classes prior to receiving assistance.
- 4) I understand while enrolled concurrently at Ohlone College and Chabot College, the HOST, institution during the award period specified above, I may receive financial aid **ONLY** at Ohlone College, my HOME campus.
- 5) I understand any failure to complete the coursework at the HOST institution may result in a Satisfactory Academic Progress deficiency at Ohlone College and could affect my eligibility for continued financial aid assistance at Ohlone College.
- 6) I agree to **submit a copy of my final grade report** from the HOST institution. My record will put on hold until my grade report is received and verified.
- 7) I understand any failure to meet any part of this agreement could result in repayment of funds advanced to me for enrollment at the HOME institution for the above specified award period.
- 8) I confirm that the courses I enroll at Chabot College are applicable to my degree program at Ohlone.

SIGNATURE: _____ DATE: _____