



## 2024-2025 CONSORTIUM AGREEMENT

**Home Institution:** The institution from which you are seeking a degree and from which you intend to receive financial aid.

**Host Institution:** The institution(s) where you are taking courses that apply towards the degree from the Home Institution.

Select your **HOME** school:

Blue Mountain Community College  
Financial Aid Office  
Fax: (541)278-5889

Other: \_\_\_\_\_  
Financial Aid Office  
Fax or email: \_\_\_\_\_

Mark the terms you will be a consortium student:  Summer 2024  Fall 2024  Winter 2025  Spring 2025

Students must complete a new consortium agreement every academic year.

**Complete and sign** the Student Information section below and mail or fax this form to the "Host Institution". Please print.

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**HOME SID #:** \_\_\_\_\_ **Host SID#:** \_\_\_\_\_

**My HOST school(s) will be:**  Blue Mountain CC  Eastern Oregon Univ.  Other: \_\_\_\_\_

**Student Certification** - By signing this agreement I understand that:

1. You **must attach a copy of your registration or class schedule at the host institution**. The Financial Aid office at your Host institution must document your registration, and sign this form.
2. If you drop **any** courses at, your financial aid may be returned, creating a balance on your student account.
3. An Academic Advisor must certify that the coursework at the Host institution is applicable to your degree plan.
4. Courses taken at the Host institution will be treated the same for Satisfactory Academic Progress (SAP).
5. You must submit grades at the end of the term and an official transcript from the Host institution at the end of spring term. We will hold financial aid for future terms until the transcript is received.
6. It is your responsibility to report changes in enrollment during the term. If you drop all courses at both schools, the Home school will perform a Return of Title IV Funds calculation and may return funds to the department of education. This could result in a balance on your student account.
7. Financial aid will be disbursed according to the Home institution disbursement schedule. Consortium agreements can cause a delay in disbursements, so plan accordingly.
8. You are responsible for paying tuition, fees, and other charges to the Host institution.
9. You understand and authorize both institutions to share information about your educational records.
10. The Home school will only accept consortium agreement forms **through the second week of the term**.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that the courses the student is enrolled in at the Host institution are applicable to the student's program of study; the student has not previously earned credit for these courses; and if the student has an AA, AAS, AS, AAOT, or ASOT, that they must have these courses to complete their degree program at the Home institution. The Home Institution agrees to pay Title IV Federal or State Aid to the student based on the information provided in this agreement.

Academic Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Institution Rep Signature \_\_\_\_\_ Date \_\_\_\_\_

Host Institution Representative \_\_\_\_\_ Date \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_