Financial Aid Services
P. O. Box 2811
1200 W. International Speedway Blvd.
Daytona Beach, FL 32120-2811

CONSORTIUM AGREEMENT FORM 2010-2011

Student's Name:_____ Social Security #_____

Home Institution: Daytona State College **Host Institution:**_____

This agreement is for (choose only one term; a separate agreement is required for each term you will be a transient student.)

☐Fall_____ ☐Spring_____ ☐Summer_____
Year Year Year

- You must be a degree seeking student at Daytona State College and meet all of the eligibility requirements for Federal and/or State financial aid.
- You are responsible for paying the tuition and fees to the Host institution prior to receipt of financial aid from Daytona State College. Daytona State College will be responsible for awarding such financial aid.
- If you drop, do not attend, or withdraw from any classes after financial aid has been disbursed, Daytona State College is responsible for the determination and the return of funds; therefore you may be required to repay certain financial aid funds.
- You must attach a completed copy of your Transient form which you may download from http://www.daytonastate.edu/recreg/forms.
- This Consortium Agreement is deemed to be in effect when Financial Aid Officers for both institutions, who are authorized to administer Federal and State funds, have signed the Enrollment Verification section below.

I have read and understand the above requirements.

Student's signature: _____ Date:_____

ENROLLMENT VERIFICATION SECTION

It is agreed that the Host institution is eligible for Federal and or State financial aid and Daytona State College will be responsible for awarding such financial aid. The Host institution's responsibilities include verifying the student's enrollment by completing this section and notifying Daytona State College should the student withdraw from classes.

Add/ Drop date for ☐Fall_____ ☐Spring_____ ☐Summer_____

Tuition: _____ Fees: _____ Total credit hours enrolled:_____

Host school's FAO's Signature: _____

Type Name: _____ Date: _____

Title: _____ Telephone: _____

Daytona State College's FAO's Signature:_____

Type Name: _____ Date: _____

Title: _____ Telephone: _____

Please retain a copy of this form for your records