



A MEMBER OF THE MINNESOTA STATE COLLEGES & UNIVERSITY SYSTEM
AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER & EDUCATOR

Financial Aid Office
3300 Century Avenue North
White Bear Lake, MN 55110
Phone: 651-779-3305
Fax: 651-779-5816
E-mail: finaid@century.edu

Financial Aid Consortium Agreement for MnSCU School

Home School: **Century College** Century Student ID or Star ID: _____

Host MnSCU School: _____

Student Name: _____
Last First MI

Address: _____
City State Zip Code

Telephone: _____ Email: _____

Semester for Consortium Agreement: Fall 20__ Spring 20__ Summer 20__

List the course(s) that you plan to take at the visited institution for this term:

Course Number (ex: ACCT 1215)	Course Title	Number of Credits

I understand the following:

- I must be enrolled in a degree, diploma, or certificate program at Century College.
- I must have completed my entire financial aid application with Century College.
- I am registered for the course(s) listed above.
- I cannot receive financial aid at two schools during the same semester.
- **I am responsible to pay tuition, fees, books and materials to the visited institution in accordance with their payment policy.**
- The consortium course(s), if approved, will count towards my cumulative completion percentage and grade point average and will be included in measuring Satisfactory Academic Progress at Century College.
- I am aware that I must notify the Century College Financial Aid Office if I change my enrollment.
- I must contact the Century College DARS/Transfer Student Services Office to request the MnSCU transcript be pulled electronically upon completion of the semester. Failure to do so will result in a grade of "F" for the course(s) taken.

Student Signature: _____ Date: _____

Century College Financial Aid Office use only

___ Approved ___ Not Approved Visited Credits: ___ Home Credits: ___ Initials: ___ Date: _____