## 2022-2023 Compton College Financial Aid Consortium Agreement

**Compton College** 1111 E. Artesia Blvd. Compton, CA 90221 (310) 900-1600 ext. 2935 and

**CSUDH** 1000 E. Victoria Street Carson, CA 90747 (310) 243-3691

Compton College and CSUDH listed above are hereby entering into a consortium agreement.

Section I – To be completed by the student								
Student Name:		Stu	dent #:		CSUDH ID:			
THE COURSE(S) WILL BE TAKEN DURING (check only one):								
	Fall 2022    Spring 2023    Summer 2023    Semester start date:    Semester end date:							
List the courses you will be taking at CSUDH. The course must be required for your educational goal and the equivalent be offered at Compton College. Consult with your counselor if needed.								
cs	UDH Course Name & Number	Units	Compton	Colleae Eauiv	alent Course Name & Number	Units		
		•						
-						<u> </u>		
Major/Academic Plan:								
Edu	ucational Goal: 📋 Certificate 🔲 Associate's De	egree [	Associ	ate's Degree	e & Transfer 🗌 Transfer			
Under this consortium agreement, you (the student) will:								
1. 2.	····							
z. 3.	Meet Satisfactory Academic Progress (SAP) requirements at Compton College. Take courses at CSUDH which are apply towards your major.							
4.								
	consortium agreement.							
5.	5. Immediately inform Compton College and CSUDH of any change in enrollment status, including withdrawing from all courses or substitution of approved courses.							
6.								
	semester/session. Notify us by e-mail kcobb@compton.edu that the request was made.							
7.								
8.								
	the 2nd week of classes. Current verification of enrollment must be attached to the Consortium Agreement. Current is defined as less than 3 business days prior to the date the Consortium Agreement is submitted.							
9.	<ol> <li>Understand that the consortium agreement is only approved for one semester/session at a time. Consortium Agreements</li> </ol>							
	are not approved retroactively.							
10.	10. Understand the deadline to submit the consortium agreement to be eligible for payment is the last day of the semester.							
Student's Signature:				Dete:				
Student's Signature:				Date:				

Will the student receive financial aid at your institution?YesNo   Type & amount of funding from CSUDH \$\$									
\$	Will the student receive financial aid at your institution?YesNo								
Enrollment status at CSUDH:	Type & amount of funding from CSUDH\$								
Enrollment status at CSUDH:									
	Number of units the student is taking at the CSUDH:								
	Enrollment status at CSUDH:								
Enrollment period dates: From: To:									
Tuition & fees**:     \$     Room & board:     \$	\$								
Books & supplies: \$ Transportation: \$	\$								
Misc. personal expenses: \$ Other (specify): \$									
**Only include tuition & fees charged by CSUDH for courses accepted by Compton College.									
<ol> <li>Certifies that the student is enrolled in the course(s) as stated in Section I of the Consortium Agreement.</li> <li>Certifies that the student will <u>NOT</u> receive financial aid (i.e. Federal Pell Grant) at CSUDH during the consortium period.</li> <li>Will provide Compton College with documentation of the student's enrollment at CSUDH.</li> <li>Will conduct Enrollment Reporting to the National Student Loan Data System (NSLDS).</li> <li>Agrees to notify Compton College if the student fails to enroll in, begin attendance in, or withdraws from CSUDH (to include the withdrawal date and other relevant information).</li> <li>Will provide the Compton College Admissions &amp; Records Office with an official academic transcript upon completion of the consortium period.</li> </ol>									
CSUDH Financial Aid Staff Signature: Date:									
Printed Name: Title:									
E-mail Address: Telephone:									
Section IV – To be completed by the Compton College Financial Aid Staff									
<ol> <li>Under this consortium agreement, Compton College:         <ol> <li>Agrees to process the student's Title IV financial aid application and provide disbursement of Title IV funds (if eligible) as appropriate for the consortium period.</li> <li>Will make available applicable student consumer information required under Title IV.</li> <li>Will calculate returns of Title IV funds, when appropriate.</li> <li>Will maintain Title IV recordkeeping and reporting requirements.</li> <li>Certifies that the student is meeting Satisfactory Academic Progress (SAP).</li> </ol> </li> <li>Total Tuition and Fees, Room and Board at Compton College         <ol> <li>Enrollment Status at Compton College</li> <li>Compton College Financial Aid Staff Signature:</li> </ol> </li> </ol>									
Printed Name & Title: Date:									

## Compton College

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