

**FINANCIAL AID CONSORTIUM AGREEMENT**  
**Between**  
**CENTRAL NEW MEXICO COMMUNITY COLLEGE**  
**Financial Aid and Scholarship Services**  
**and**

Name of Host School	Title IV School Code

Central New Mexico Community College and the school named above agree to enter into a consortium agreement for

\_\_\_\_\_, SS# \_\_\_\_\_ for one of the following terms:  
*Name of student*

**Summer      Fall      Spring**

Consortium agreements are valid for one term only. Students interested in a consortium must complete a different form each term.

<b>Student must:</b>	<b>Section I – Student Criteria</b>
<ol style="list-style-type: none"> <li>1. Take courses at the host school which are transferable to their degree program at CNM.</li> <li>2. Be enrolled 3 eligible credit hours in a degree-granting program at CNM.</li> <li>3. Submit this completed form to their financial aid advisor along with a copy of their schedule of classes from the host school.</li> <li>4. NOT be receiving student financial aid at the host school.</li> </ol>	

<b>Section II – To be completed by a CNM academic advisor at any CNM campus.</b>			
Please list the course(s) the student is taking at the host school which apply to his/her program at CNM:			
How many of the credit hours which the student is taking at the host school apply to his/her degree program at CNM?			
<input style="width: 100px; height: 20px;" type="text"/>			

Academic Advisor's Signature:	Printed Name:
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Academic Department:	Telephone Number/Email Address:
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**Section III – To be completed by the host school**

**Will the student receive financial aid at your institution?      Yes      No**

**If yes, STOP. Do not complete the remainder of this form. Please sign the form and return it to the student.**

**If no, please complete the remainder of this form:**

<b>Dates of Enrollment under this Agreement</b>	<b>Number of Weeks of Instructional Time</b>
<b>Tuition and Fees per credit hour:</b>	\$
<b>Books and Supplies per credit hour:</b>	\$
<b>Room and Board:</b>	\$
<b>Transportation:</b>	\$
<b>Personal:</b>	\$
<b>Child Care:</b>	\$
<b>Total:</b>	\$

<b>Host School's Financial Aid Officer's Signature:</b>	<b>Please Print or Type Name:</b>
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<b>Telephone Number/Email Address:</b>	<b>Date:</b>
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**By accepting this agreement, the CNM Financial Aid Office agrees to the following:**

- 1. Financial aid disbursed by CNM is based on student eligibility to receive a degree/certificate at CNM.**
- 2. All student financial aid under this agreement is disbursed by CNM.**

**: STUDENTS, PLEASE RETURN THIS FORM TO:**

Central New Mexico Community College  
Financial Aid Office  
900 University Blvd. SE  
Albuquerque, NM 87106  
Email: [Financialaid@cnm.edu](mailto:Financialaid@cnm.edu)

**You must turn in the form by the 100% refund deadline listed on  
CNM's webpage to receive Federal Aid.  
You must submit unofficial grades from host school at the end of the term.**