

**OFFICE OF STUDENT FINANCIAL AID
CONSORTIUM AGREEMENT**

BETWEEN

Mesabi Range Community and Technical College

And

Pine Technical College

Mesabi Range Community and Technical College and Pine Technical College are herein entering into a consortium agreement for:

<i>Student Name</i>	<i>Social Security Number</i>	<i>Telephone No./ Email Address</i>

For which semester are you completing this form: Summer Fall Spring

NOTE: Students must complete this form *each semester* for which they wish to receive financial aid under a consortium agreement. Please be aware that bookstore vouchers are **not available for Mesabi Range AA students.**

Section I – Student Criteria

The student must:

1. Take courses at PTC, which are transferable to their degree program at MRCTC.
2. Be enrolled in a degree-granting program at **MRCTC** and making satisfactory academic progress as specified by the **MRCTC S.A.P. policy**.
3. Submit this completed form along with a copy of their registration from PTC to their Financial Aid Officer at **Mesabi Range Community & Technical College**.
4. Submit grade transcript from PTC at the end of the semester.
5. NOT be receiving financial aid Pine Technical College.

Section II – to be completed by student’s MRCTC Academic Advisor

How many of the credit hours, which the student is taking at Pine Technical College, are applicable to their program plan at MRCTC.

Please list the course(s) the student is taking at PTC which are applicable to their program at MRCTC:

Academic Advisor’s Signature

Printed Name

Academic Department

Telephone No. / Email Address

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

By completing this consortium agreement, I am verifying that PTC **WILL NOT** be issuing financial aid funds to this student, and that PTC will make every effort to update MRCTC on changes in the student's enrollment status.

	Susan Pixley
<i>Pine Technical College's Financial Aid Officer's Signature</i>	<i>Financial Aid Officer's Name</i>
320-629-5100, ext 161 Pixleys@pinetech.edu	
<i>Telephone No. / Email Address</i>	<i>Date</i>

For financial aid purposes, I hereby request that credits taken at both schools for the term specified be used to determine my total enrollment status at Mesabi Range Community and Technical College.

I agree to:

- **Provide MRCTC with official grade transcripts from Pine Technical College for the term indicated.**
- **Have my financial aid disbursement from the MRCTC Business Office sent to the PTC Business Office, where it will be applied to my account balance at PTC. PTC will issue a check to me for any amount that remains.**

Student Signature _____ **Date** ___ / ___ / ___

Please return this form to:

**Mesabi Range Community and Technical College
Financial Aid Office
1001 Chestnut St. W.
Virginia, MN 55792**

Mesabi Range Community and Technical College is an Equal Opportunity/Affirmative Action Institution. Pursuant to the Americans with Disabilities Act, if you require this information in alternative format or have special needs, please contact the Office of Financial Aid for assistance.

