



Return to: ivcfinaid@ivc.edu

Financial Aid Office
5500 Irvine Center Drive
Irvine, CA 92618
Tel: 949-451-5287
Fax: 949-451-5459

2023-2024 Consortium Agreement Terms

The purpose of this agreement is to allow Irvine Valley College students to enroll in transferable course work at another college and receive financial aid for those units from IVC. For the purpose of this agreement, IVC will be considered the **home** campus and the other school will be the **host** campus. Students who benefit from this agreement will be eligible for financial aid only at the **home** campus (IVC). In addition, the following terms apply:

- All courses taken must be applicable to the program of study at IVC and the student must have a current MAP on file with IVC. Counseling may be contacted to confirm course applicability.
- An unofficial transcript or enrollment verification is needed from the host college prior to any disbursements being made. Grades of F, NC, I, W, EW or other substandard or incomplete grades will be ineligible.
- The student may **not** be receiving federal aid from the host campus or any other school for the term involved in the agreement.
- The student must be enrolled in **6 or more units at Irvine Valley College.**
- The majority of units for the term being considered must be at IVC.
- The student must have a completed financial aid file at IVC.
- Both IVC and the host campus must be eligible for Title IV funding under the Higher Education Act of 1965.
- Funds for a subsequent term will not be released until the final official transcript is submitted to IVC for course(s) taken as part of the consortium agreement.
- The student will need to setup an appointment with Counseling to update their MAP to determine remaining courses needed.
- Courses taken at the host campus will be considered in the student's overall satisfactory academic progress status.

THE LAST DAY TO SUBMIT A CONSORTIUM AGREEMENT FORM FOR THE 2023-2024 ACADEMIC YEAR IS MAY 22, 2024.



2023-2024 Consortium Agreement

Student Section

Please read terms on the back of this form before submitting it.

Last Name: _____ First Name: _____

IVC Student ID Number: _____

Name of host school: _____

Check one: Fall Spring

Please submit the following to the IVC Financial Aid Office:

- This form completed by the Financial Aid Office of your host campus
- An official academic transcript from the host school showing the grade(s) for the course(s) you wish to have considered for payment at IVC.

Host School Financial Aid Certification

The student is enrolled in or completed _____ units at the host campus for the _____ semester / quarter (circle one).

In order to benefit from this agreement, a student must not be receiving federal student aid at the host campus.

Host school: Please sign below to certify that the student listed above has not and will not receive a Pell Grant, Cal Grant, SSCG, FSEOG, FWS, or federal loan payment from your school for the term indicated above.

Host Campus: _____

Financial Aid Administrator's Signature: _____

Print Name: _____

Phone Number: _____

Date: _____