

2026-2027 Consortium Agreement

First and Last Name: _____ **ctcLink Student ID Number:** _____

Purpose: This form allows a student enrolled at Skagit Valley College (SVC) to take courses at another accredited college (Host College) that apply toward their SVC degree or certificate. Financial aid will be **processed only through SVC**. You must enroll for at least one degree required class at Skagit Valley College.

- For this Consortium Agreement, you must certify that the requested courses are required for your SVC degree and that they are not offered at SVC in the timeframe you need.
- You must be enrolled at both schools before submitting this form.
- Consortium Agreements are limited to the Washington State Community and Technical College system.
- **Deadline:** Submit your completed application **by SVC’s census date** (10th day of the quarter).

Attachments Required:

1. Proof of enrollment at Host College (i.e. class schedule, unofficial accepted)
2. Copy of tuition and fees from Host College (unofficial accepted)

Section A: Enrollment Information

1. For which quarter/year does this form apply? _____
2. What is your SVC Program of Study? _____
3. How many credits are you enrolled in at SVC for the relevant quarter? _____
4. What is the name of the college (Host College) you plan to attend? _____
5. At the Host College, how many credits are you enrolled in for the relevant quarter? _____
6. Reason you are unable to complete the course at SVC. Please be specific.

Section B: Skagit Valley College Academic Advisor Certification

Name of Enrolled Course at Host College	Course Number at Host College	Course Equivalent at SVC	Number of Credits

I certify that this student is enrolled at SVC for a course(s) that is required for the student’s program of study, and that the course(s) the student is enrolled for at the host college applies to their SVC program of study and can be successfully transferred to SVC.

Advisor Name: _____ **Advisor Signature:** _____ **Date:** _____

Section C: Host College Financial Aid Office Certification

I certify that this student is enrolled at my college for the course(s) listed in Section B. I agree that my office will not provide federal Title IV or state financial aid for this student in the quarter this agreement pertains. Skagit Valley College is responsible for calculating awards, disbursing aid, monitoring satisfactory academic progress and other student eligibility requirements, keeping records, and returning funds if the student withdraws.

Host College Name: _____ **Date Grades Post to Transcript:** _____

FA Representative Name: _____ **Title:** _____

FA Representative Signature: _____ **Date:** _____

Section D: Student Certification and Responsibilities

By signing below, I acknowledge and agree to the following conditions:

- I am responsible for paying any tuition, fees, and other associated costs at the host college.
- I understand that I may work with the host college financial aid office to see if I might qualify for a deferment of my tuition and fees, if allowed.
- I must submit an **unofficial** transcript to the SVC Financial Aid Office **within three days after grades are posted** at the host college.
- I must submit an **official** transcript of the classes I take at the host college and follow the SVC process for transferring my credits from the host college to SVC within **30 days of completion of the quarter**.
- I understand that SVC will assume I did not complete my credits at the host college until I submit an unofficial transcript, and that I am subject to penalties under the Satisfactory Academic Progress policy, which may result in cancellation of my future financial aid and a repayment of the funds I receive.

Student Signature: _____ **Date:** _____

Once completed, this form may be submitted via your MySVC email account to financial.aid@skagit.edu or in-person to the financial aid office. If we are closed, you can drop the form in our drop box outside of our office.

Section E: To be Completed by SVC Financial Aid

FA Staff Name: _____ **Date:** _____

FA Staff Signature: _____

Notes:	
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SVC FINANCIAL AID OFFICE USE ONLY		
ESK045	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	INITIALS & DATE: