

# Presentation College

## Dual Enrollment Request/Financial Aid Consortium Agreement

(This form must be submitted to Presentation College at least 30 days prior to the start of academic term at PC.

Approval must be granted before registering for courses.)

This form must be completed for each semester a student is requesting approval to dual enroll with another institution. This agreement is between both institutions for the purpose of promoting an exchange of information and clarification of financial aid funding. A new agreement must be submitted for each semester.

### STEP 1 – To be completed by the student:

Name: \_\_\_\_\_

Consortium Term (circle one):      Fall      Spring      Summer      Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I understand the following:

- Approval must be granted by Presentation College prior to enrolling in the courses listed below
- I cannot receive financial aid at two institutions during the same term
- No financial aid will be disbursed to cover the expenses associated with the course(s) listed below until approval is granted by Presentation College and all information has been received
- Presentation College does not make payment on the student's behalf to the other institution unless a formal agreement has been agreed to by both institutions
- The course(s) included in this consortium agreement will be included in measuring Satisfactory Academic Progress and courses not completed by the end of the term for which I received financial aid may affect my future aid eligibility
- Information regarding my enrollment and cost of education will be sent by the dual institution to the Financial Aid Office at Presentation College
- I cannot change my enrollment without notifying the Financial Aid Office at Presentation College and these changes may affect my financial aid award
- It is my responsibility to pay the other institution once I receive my credit check
- I hereby request \_\_\_\_\_ to issue an official academic transcript to Presentation College once the term covered by this agreement has concluded

College Name	Course#	Course Title	Credits	Begin/End Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Reason for request: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this section and forward to your advisor. You may not enroll in a course or courses until approval has been granted.**

### STEP 2 – To be completed by the advisor:

Would taking this course cause a conflict with the 30 of the last 60 rule?       Yes       No

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this section and return to: Presentation College, Attn: Registrar, 1500 North Main Street, Aberdeen, SD 57401**

### STEP 3 – To be completed by Presentation College:

The student will be notified of the outcome of this review by either the advisor or the Registrar's Office. If approved, the student may pursue registration at the visiting institution.

\_\_\_\_\_ Equivalency checked (if applicable)      Recommendation: \_\_\_\_\_

\_\_\_\_\_  
Registrar      Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Vice President for Academics      Date: \_\_\_\_\_

APPROVED       DENIED

**STEP 4 – To be completed by dual institution:**

This is to certify the student named within this agreement, as of this date, has enrolled for \_\_\_\_\_ credits for the term indicated. The student's costs for this term are calculated as follows:

Tuition and fees	\$ _____
Books	\$ _____
Room and Board	\$ _____
Personal	\$ _____
Transportation	\$ _____
Other _____	\$ _____
TOTAL	\$ _____

I agree not to award aid to the student for the duration of this agreement and to inform Presentation College of any change in enrollment. I understand that Presentation College will be the degree-granting institution. I will notify Presentation College when the student drops credits prior to the end of the add/drop period or withdraws entirely.

\_\_\_\_\_  
Financial Aid Administrator

Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please return this completed form to: Presentation College, Attn: Financial Aid Office, 1500 North Main Street, Aberdeen, SD 57401**

**STEP 5 – To be completed by Presentation College Financial Aid**

Presentation College agrees to calculate costs of tuition, fees, and books and will determine the student's enrollment status, including enrollment at all institutions. Presentation College will calculate the student's financial assistance, disburse the aid, monitor satisfactory academic progress, and calculate the R2T4 calculation and other student eligibility requirements.

\_\_\_\_\_  
Director of Financial Aid

Date: \_\_\_\_\_

**For Presentation College Registrar's Office Use Only:**

\_\_\_\_\_ Entered dual enrolled course    \_\_\_\_\_ Reported to NSLDS (combined status)    \_\_\_\_\_ Received Transcript    \_\_\_\_\_ Entered Grade