

DIVISION OF STUDENT AFFAIRS

Office of Financial Aid & Scholarships

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Tsaile AZ, 86556
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Shiprock Campus
P.O Box 580
Shiprock, NM 87420
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"The Higher Education Institution of the Navajos"
2020-2021 CONSORTIUM AGREEMENT

Between

Diné College

And

(Home School)

(Host School)

Diné College and the school named above are hereby entering into a consortium agreement for:

Student's Last Name Student's First Name M.I. Social Security No.
Email Address Student's DC ID No.

For which semester are you completing this form: [] Fall 20 [] Spring 21 [] Summer 21

SECTION I: Student Criteria

The student must:

- a. Take courses at the Host School that are required and acceptable for transfer to their degree program.
b. Be enrolled in a degree program and meet the Satisfactory Academic Progress as specified by Diné College's Satisfactory Academic Progress policy.
c. Complete this form and attached their class schedule and billing statement from the Host School.
d. Submit their official transcript from the Host School at the end of the semester.

SECTION II: To be completed by the Host School's Financial Aid Office

Has the student applied for and will be receiving financial aid at your institution?

- [] Yes (Do not complete, but sign and return this form to the student)
[] No (Continue and complete this section)

Enrollment Dates at your Institution: _____ to _____

Table with 2 columns: Per Credit Hour, Amount. Rows include Tuition & Fees, Books & Supplies, Room & Board, Transportation, Others (Please Specify), and TOTAL.

The Host School must notify the Home School if the student withdraws or drops any courses in this agreement.

Financial Aid (Title) Signature Date

Print Name & Title Email Phone Number

SECTION III: To be completed by the student's Dine College Academic Advisor

Please list the students' courses with the Host School and whether they are applicable and transferrable to their degree program at Diné College: (*Remedial coursework should not be listed on this agreement*)

Course(s)	Credit Hours Applicable	Transferrable
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Academic Advisor's Signature

Date

Print Name

Phone No.

DC Campus/ Center

Email:

SECTION IV:

In accordance with this agreement, Diné College will:

- a. Process the students Title IV financial aid and/or scholarships based on the student's combined enrollment and cost of attendance.
- b. Disburse Title IV funds in accordance with prescribed federal regulations and Dine College's disbursement procedures.

FOR FINANCIAL AID OFFICE ONLY

Consortium Agreement Decision Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Starting Term Fall 2020 <input type="checkbox"/> Spring 2021 <input type="checkbox"/> Summer 2021 <input type="checkbox"/>	
Current Hours Enrolled	Approved Hours		
Justification/Comments/Stipulation:			
			Date Received
Manager of Financial Aid & Scholarships, Signature			Date

PLEASE RETURN THIS COMPLETED FORM TO THE OFFICE OF FINANCIAL AID AND SCHOLARSHIPS AT THE CAMPUS YOU WILL BE ATTENDING.