

# 2024-2025 Compton College Financial Aid Consortium Agreement

**Compton College**  
1111 E Artesia Blvd  
Compton, CA 90221  
(310) 900-1600 ext. 2935

and

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(Secondary College Name & Address)

Compton College and the Secondary College listed above are hereby entering into a consortium agreement.

## Section I – To be completed by the student

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_ Secondary College ID: \_\_\_\_\_

**THE COURSE(S) WILL BE TAKEN DURING (check only one):**

☐ Fall 2024 ☐ Spring 2025 ☐ Summer 2025 Semester start date: \_\_\_\_\_ Semester end date: \_\_\_\_\_

List the courses you will be taking at the Secondary College. The course must be required for your educational goal and have an equivalent offered at Compton College. Consult with your counselor if needed.

Secondary College Course Name & Number	Units	Compton College Equivalent Course Name & Number	Units

Major/Academic Plan: \_\_\_\_\_

Educational Goal: ☐ Certificate ☐ Associate's Degree ☐ Associate Degree for Transfer ☐ Transfer

**Under this consortium agreement, you (the student) will:**

1. Be enrolled in a certificate, degree, or transfer program at Compton College.
2. Meet Satisfactory Academic Progress (SAP) requirements at Compton College.
3. Take courses at the Secondary College which apply towards your major.
4. Notify the Compton College Financial Aid Office if you do not begin attendance in the courses listed and approved in this consortium agreement.
5. **Immediately inform Compton College and Secondary College of any change in enrollment status, including withdrawing from all courses or substitution of approved courses.**
6. Ensure that the Secondary College provides Compton College with an official academic transcript within 14 days of the end of the semester/session. Notify us by e-mail [kcobb@compton.edu](mailto:kcobb@compton.edu) that the request was made.
7. Pay tuition, fees, and other expenses as charged by Compton College and/or Secondary College.
8. Submit consortium agreement after the Financial Aid census date for the semester. Current verification of enrollment must be attached to the Consortium Agreement. Current is defined as less than 3 business days prior to the date the Consortium Agreement is submitted.
9. Understand that the consortium agreement is only approved for one semester/session at a time. **Consortium Agreements are not approved retroactively.**
10. Understand the deadline to submit the consortium agreement to be eligible for payment is the last day of the semester.

Student's Signature: \_\_\_\_\_

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

**Section II – To be completed by the Secondary College Financial Aid Staff**Will the student receive financial aid at your institution? Yes ☐ No ☐Type & amount of funding from Secondary College \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Number of units the student is taking at the Secondary College:

Enrollment status at Secondary College:

☐ Full time ☐ Three-quarter time ☐ Half-time ☐ Less than half-time

Enrollment period dates: From:

To:

Tuition & fees**:	\$ _____	Room & Board:	\$ _____
Books & supplies:	\$ _____	Transportation:	\$ _____
Misc. personal expenses:	\$ _____	Other (specify):	\$ _____

**\*\*Only include tuition & fees charged by Secondary College for courses accepted by Compton College.****Under this consortium agreement, the Secondary College:**

1. ***Certifies that the student is enrolled in the course(s) as stated in Section I of the Consortium Agreement.***
2. Certifies that the student will **NOT** receive financial aid (i.e., Federal Pell Grant) at the Secondary College during the consortium period.
3. Will provide Compton College with documentation of the student's enrollment at the Secondary College.
4. Will conduct Enrollment Reporting to the National Student Loan Data System (NSLDS).
5. Agrees to notify Compton College if the student fails to enroll in, begin attendance in, or withdraws from, the Secondary College (to include the withdrawal date and other relevant information).
6. Will provide the Compton College Admissions & Records Office with an official academic transcript upon completion of the consortium period.

Secondary College Financial Aid Staff Signature:

Date:

Printed Name:

Title:

E-mail Address:

Telephone:

**Section IV – To be completed by the Compton College Financial Aid Staff****Under this consortium agreement, Compton College:**

1. Agrees to process the student's Title IV financial aid application and provide disbursement of Title IV funds (if eligible) as appropriate for the consortium period.
2. Will make available applicable student consumer information required under Title IV.
3. Will calculate returns of Title IV funds, when appropriate.
4. Will maintain Title IV recordkeeping and reporting requirements.
5. Certifies that the student is meeting Satisfactory Academic Progress (SAP).

Total Tuition and Fees, Room and Board at Compton College

Enrollment Status at Compton College

Compton College Financial Aid Staff Signature:

Printed Name &amp; Title:

Date: