

Student Consortium Enrollment Form

Please return the completed form to Student Financial Services: by email to trunion@mccks.edu or fax: (785) 539-0082 or in person to the SFS office.

| I, | , am requesting t | that Manhattan Christian College (Home school) (Host school) |
|---|------------------------|---|
| enter into a consortium agreement with for the term marked below. | | (Host school) |
| Fall 20 | Spring 20 | Summer 20 |
| By completion of this form I am agreeing to | o the following term | ns and conditions: |
| I understand that my request designates m Christian College and only during the acad | • | • |
| I understand that I provide Manhattan Chr inform MCC of any enrollment changes ma | | py of my host school course schedule as well as pol. |
| information including academic transcripts | s in order to follow | Christian College to receive any relevant academic all regulations regarding Title IV aid. It is still ICC Registrar's office for official transfer |
| I understand I am giving permission to the information from the host schools Office of financial information between offices to all | f Student Financial | l Aid and agree that they may share relevant |
| Please provide the information requ | ested: | |
| Host Institution: | | |
| I am degree-seeking or | non-deg | ree seeking at the above institution. |
| If degree seeking, what degree are you seek | king? | <u>.</u> |
| Estimated graduation date: | (Month/Year) | |
| Ihave orhave not declared | a dual degree at M | Ianhattan Christian College. |
| If non-degree seeking at host institution, w degree? Yes No (please circle) | rill the course(s) tal | ken fulfill degree requirements for your MCC |
| Signature: | | MCC ID: |
| Printed name: | | Date: |