## 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, $\qquad$ , am requesting that Manhattan Christian College (Home school)
enter into a consortium agreement with $\qquad$ (Host school) for the term marked below.

Fall 20 $\qquad$ Spring 20___

Summer 20 $\qquad$
By completion of this form I am agreeing to the following terms and conditions:
I understand that my request designates my ability to receive federal Title IV funds only at Manhattan Christian College and only during the academic term specified.

I understand that I provide Manhattan Christian College a copy of my host school course schedule as well as inform MCC of any enrollment changes made at the host school.

I understand that I am giving my permission for Manhattan Christian College to receive any relevant academic information including academic transcripts in order to follow all regulations regarding Title IV aid. It is still my responsibility to have my transcript sent to the MCC Registrar's office for official transfer credit to be recorded.

I understand I am giving permission to the Student Financial Services office to contact and receive the information from the host schools Office of Student Financial Aid and agree that they may share relevant financial information between offices to allow this agreement to be utilized.

## Please provide the information requested:

Host Institution: $\qquad$
I am $\qquad$ degree-seeking
or $\qquad$ non-degree seeking at the above institution.

If degree seeking, what degree are you seeking? $\qquad$ .

Estimated graduation date: $\qquad$ (Month/Year)

I $\qquad$ have or $\qquad$ have not declared a dual degree at Manhattan Christian College.

If non-degree seeking at host institution, will the course(s) taken fulfill degree requirements for your MCC degree? Yes No (please circle)

## Signature:

MCC ID: $\qquad$

Date:

