

**FINANCIAL AID CONSORTIUM REQUEST**  
**FOLSOM LAKE COLLEGE**  
**FINANCIAL AID OFFICE**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please complete the following items to request financial aid consideration for a consortium between Folsom Lake College and American River College, Cosumnes River College, and/or Sacramento City College. Course(s) enrolled at the other campus must meet the requirements for graduation, certificate or transfer program. **Consortium request is only valid for one term/semester and may not be retroactive. Counselor certification is required for Consortium request to be reviewed by the financial aid staff.**

1. My major is: \_\_\_\_\_
2. My expected date of transfer, graduation or completion of certificate is: \_\_\_\_\_
3. The school granting my transfer, degree or certificate is (circle) ARC CRC FLC SCC
4. I am currently enrolled at **Folsom Lake College** and:  American River College  
 Cosumnes River College  
 Sacramento City College
5. Term and units enrolled at **Folsom Lake College** (*Please select only one term*):  
 Fall \_\_\_\_\_ units       Spring \_\_\_\_\_ units       Summer \_\_\_\_\_ units

Units enrolled at: **ARC:** \_\_\_\_\_ units      **CRC:** \_\_\_\_\_ units      **SCC:** \_\_\_\_\_ units

6. List the courses that you are taking at ARC/CRC/ SCC and briefly describe the reasons why you are not able to take them at FLC.

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I understand that I must maintain at least half-time (**6 or more units**) attendance for the entire term at Folsom Lake College to be eligible for consortium consideration. Courses to be considered for a consortium must be courses required towards my program completion and I must maintain satisfactory academic progress. I also understand that the consortium process may take up to 3 weeks to complete.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Counselor Certification:**

Counselor agrees that the course(s) listed in item #6 is/are necessary for graduation or transfer.

**Counselor Name** (Please Print): \_\_\_\_\_

**Counselor Signature:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Consortium **granted** with ARC/SCC/CRC      **Term:** Fall Spring Summer      **Status:** FX      3/4X  
 Consortium **postponed.** Date \_\_\_\_\_      Pending \_\_\_\_\_  
 Consortium **denied**  
Comments: \_\_\_\_\_

\_\_\_\_\_  
FAO Staff

\_\_\_\_\_  
Date