

Petoskey Regional Center

Student Name: _____

LSSU ID: _____ NCMC ID: _____

Students Complete this form when:

- ✓ Receiving Financial Aid from LSSU (**code must be listed on FAFSA: 002293**)
- ✓ Enrolled in both LSSU and NCMC classes (submit form each semester **PRIOR TO DUE DATE**)
- ✓ NCMC classes are necessary towards your bachelor degree
- ✓ After transferring 88 or more college credits to LSSU or earning an Associate's Degree

Semester Applying for financial Aid:

Fall Semester–Due by July 1st Spring Semester–Due by November 20 Summer Semester Due by April 14th
Year applying for aid: _____

Total credits enrolled in for the current semester:

_____ LSSU credit hours _____ NCMC credit hours (**Note: credits must apply towards LSSU Bachelor degree**)

Select one: 88 credits transferred to LSSU Associate's Degree Completed _____

***** If you do not have an Associate's degree or 88 college credits transferred to LSSU you are not eligible for the consortium agreement for the semester.**

Financial Aid Questions:

Completing the form for the first time? No Yes, see attachment requirements below

Eligible for the Michigan Indian Tuition Waiver? No Yes, see attachment requirements below

Eligible for any other tuition reimbursement/waiver (i.e. employer, National Guard, MI Works, Voc. Rehab, Veteran's Benefits)

Attachment Required:

- NCMC schedule showing credits enrolled and tuition due
- If first time completing form: attach official and unofficial transcripts verifying degree or a photocopy of the Associate's Degree
- If eligible for additional tuition reimbursements/waivers: provide appropriate documentation
- If first time eligible for the Michigan Indian Tuition Waiver: Provide support documents

As a consortium student, I authorize the appropriate staff members of the financial aid, business, registrar and regional center offices at Lake Superior State University and NCMC to exchange information on my application, discuss my financial aid and provide each other with the necessary academic information, such as hours attempted, hours completed, and course grades each semester so that satisfactory progress can be determined. I understand federal financial aid requires attendance in each class in which I receive aid. I further understand that to qualify for 100% withdrawal and any tuition refund where appropriate at LSSU, I must drop all of my classes at both institutions and may be required to repay my federal financial aid. I authorize NCMC to submit a copy of my transcripts to LSSU each semester for Satisfactory Progress monitoring purposes.

Student Signature: _____ Date: _____

Do not write below this line – FOR OFFICE USE ONLY!!

Regional Center Office Use

Does student meet the Consortium Agreement qualifications?

- No
- Yes, complete one set of conditions below:

Earned Associates Degree:

- No
- Yes, from: _____

--or--

Earned minimum of 88 credits transferred to LSSU:

- No
- Yes, from: _____

Review of courses for semester:

Circle one: Fall, Spring, or Summer

Year: _____

LSSU semester credit hours: _____

NCMC semester credit hours applicable to LSSU degree: _____

List any non-applicable courses: _____

Total hours toward degree for semester from NCMC and LSSU: _____

Advisor Signature: _____ Date: _____