

## 2026-2027 Student Financial Aid Concurrent Enrollment Agreement

Student Information			
COM ID# :		Student Email:	
Last Name:		Date of Birth:	
First Name:		Phone Number:	

Section A: To Be Completed By The Student	
<b>Semester of concurrent enrollment</b>	
<b>Host Campus (Institution of concurrent enrollment)</b>	
<b>Home Campus (Institution where aid will be received)</b>	<b>College Of Marin (COM)</b>

Section B: Units of Enrollment				
<b>Total unit enrollment at the College of Marin for the above semester: must be enrolled in at least 6 units at College of Marin for this form to be processed</b>				
<b>Total unit enrollment at the host campus for the above semester:</b>				
Subject (Ex: Biology)	Course #	# Units	Class Day & Time	Transferable To COM (Yes or No)

**Student Agreement:**

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. I understand that except for summer session periods, I must be enrolled in at least 6 units at COM in order to be eligible for financial aid under a Consortium Agreement.</li> <li>2. I understand that the course(s) listed above are required to complete my educational goal and I have provided a copy of my class schedule.</li> <li>3. I understand my transferable coursework listed above will be used to establish my enrollment state at COM for the above award period.</li> <li>4. I understand that any change in my enrollment at the host institution must be approved by the ES department at COM prior to making such changes.</li> <li>5. I understand that any failure to complete the coursework at the host institution may result in a Satisfactory Academic Progress</li> </ol> | <ol style="list-style-type: none"> <li>deficiency at COM and could affect my eligibility for continued financial assistance.</li> <li>6. I understand that while enrolled concurrently at COM and the host campus during the award period specified above, I may only receive financial aid at COM.</li> <li>7. I agree to provide verification of my enrollment in the above listed campus prior to receiving assistance.</li> <li>8. I agree to request that a copy of my transcript from the host institution be sent to COM Enrollment Services Office within 10 days of receiving such coursework.</li> <li>9. I understand that failure to meet any part of this agreement could result in repayment of funds advanced to me for enrollment at the host institution for the above specified award period.</li> </ol> |
|---|--|

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



The purpose of this agreement is to allow College of Marin students to enroll in transferable coursework at the host campus and receive financial aid for those units at the College of Marin.

Students who will benefit from this agreement will be eligible for financial assistance at the **home** campus. The College of Marin will include the units from such transferable courses in determining the enrollment status of College of Marin students. The allowable tuition, fees, books, supplies, room and board costs which will be used to calculate Title IV student financial aid eligibility for students under the Consortium will be those used by the College of Marin Enrollment Services Office.

Both host campus and the College of Marin are eligible for Title IV funding under the Higher Education Act of 1965.

**In order to benefit from this agreement a student must:**

- be an admitted College of Marin student, and
- have an approved financial aid package at College of Marin, and
- be enrolled in at least 6 units at College of Marin during the semester for which the agreement applied, and
- be enrolled in \_\_\_\_\_ courses which have been pre-approved as applying toward the student’s remaining degree or certificate requirements.
- This agreement does not apply to enrollment or aid for summer courses.

_____	<b>College of Marin</b>
Host College	Home College
_____	_____
Director of Financial Aid Signature	Asst. Director of Enrollment Services Signature
_____	_____
Printed Name	Printed Name