



# 2009-10 Consortium Agreement for Transient Study

Financial Assistance Services ~ Post Office Box 13489 ~ St. Petersburg, FL 33733-3489  
PHONE: 727-791-2485 ~ FAX: 727-791-2495 ~ E-mail [Verification@spcollege.edu](mailto:Verification@spcollege.edu)

Student's name: \_\_\_\_\_ SPC ID#: \_\_\_\_\_

Current mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of host institution: \_\_\_\_\_ Host inst. ID#: \_\_\_\_\_

Term of study (choose only one):     Fall 2009         Spring 2010         Summer 2011

(A separate agreement is required for each term you will be transient)

A consortium agreement is for students who

- ✓ will be enrolled for classes at another institution (host) while degree seeking at St. Petersburg College.
- ✓ wish to receive financial assistance at St. Petersburg College.

**It is the student's responsibility to complete the 2<sup>nd</sup> page of this form before it is mailed to SPC.**

You must read and then check each box to indicate that you understand:

- I must be a degree-seeking student, with a complete financial assistance file, for this to be approved.
- I will not attempt to receive financial assistance at both my home and host school for the same term.
- I understand that State of Florida funds will not disburse to a non-Florida institution.
- I understand that I must pay for my tuition, fees and textbooks at my host school.
- Transient course work must transfer back to SPC and apply toward my current degree.
- I may be required to repay funds from certain financial assistance programs if I drop or withdraw from my transient courses (missing grades will be treated as unofficial withdrawals).
- I will attach to this form the Registrar Transient Form or the [www.facts.org](http://www.facts.org) course approval that shows the courses I am approved to take at the host school.
- I understand that if I register for courses I have not been approved for or fail to complete this application properly it will be denied.

**\*Once you have completed the term, you must submit an official academic transcript from the host institution to the Records Office at St. Petersburg College. Failure to do so will prevent you from receiving future financial assistance from SPC.**

My signature below confirms that I have read and I clearly understand the requirements of transient study. It is my responsibility to ensure that all areas of this form are filled out correctly and by the appropriate person. Failure to do so will result in this form being denied and returned to me.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

St. Petersburg College is dedicated to the concept of equal opportunity. The college will not discriminate on the basis of race, color, religion, sex, age, national origin, marital status, or against any qualified individual with disabilities, in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this rule, the college will not tolerate such conduct. Should you experience such behavior, please contact the director of EA/EO at 727-341-3261; by mail at PO Box 13489, St. Petersburg, FL 33733-3489; or by e-mail at [ea\\_eo\\_director@spcollege.edu](mailto:ea_eo_director@spcollege.edu)



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**HOST INSTITUTION ENROLLMENT CERTIFICATION**

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Student's name: \_\_\_\_\_ Student's SPC ID #: \_\_\_\_\_

Host school name: \_\_\_\_\_ School code: \_\_\_\_\_

Cost of attendance

Tuition and fees:		Books and supplies:	
Room and board:		Transportation:	
Personal:		Other:	
Total:			

Student enrollment

Prefix and number	Course title	Credits hours	Start date	End date

Student's total tuition and fees for the above courses: \_\_\_\_\_  
 Institutional or private aid received: \_\_\_\_\_

We (the host institutions) certify that it is after the defined add/drop period and the above student is fee liable for the courses they currently are registered for and that the student has paid in full or has made other arrangements. We will notify SPC should the student withdraw either unofficially or officially from any or all classes listed on this form. To prevent duplicate payment of Title IV Assistance, we agree that only SPC will process financial assistance for the above student.

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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