

**KILIAN COMMUNITY COLLEGE**  
**Dual Enrollment Request/Financial Aid Consortium Agreement**

Approval must be granted before registering for courses.

This form must be completed for each semester a student is requesting approval of dual enrollment with another institution. This agreement is between both institutions for the purpose of promoting an exchange of information and clarification of financial aid funding.

**Step 1 – To be completed by the student:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Consortium Semester (circle one): FALL WINTER SPRING SUMMER Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I understand the following:

- Approval must be granted by Kilian Community College prior to enrolling in the courses listed below.
- I cannot receive financial aid at two institutions during the same semester.
- No financial aid will be disbursed to cover the expenses associated with the course(s) listed below until approval is granted by Kilian Community College and all information has been received.
- Kilian Community College does not make payment on the student's behalf to the other institution unless a formal agreement has been made between both institutions.
- The course(s) included in this consortium agreement will be included in measuring Satisfactory Academic Progress and courses not completed by the end of the semester for which I received financial aid may affect my future financial aid eligibility.
- Information regarding my enrollment and cost of education will be sent by the dual institution to the Financial Aid Office at Kilian Community College.
- I cannot change my enrollment without notifying the Financial Aid Office at Kilian Community College. These changes may affect my financial aid award.
- It is my responsibility to pay the other institution once I receive my credit check.
- I hereby request \_\_\_\_\_ issue an official academic transcript to Kilian Community College once the term covered by this agreement has concluded.

College Name	Course #	Course Title	Credits	Begin/End Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Reason for request: \_\_\_\_\_

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

**Please complete this section and forward to your advisor. You may not enroll in a course or courses until approval has been granted.**

**Step 2 – To be completed by the advisor:**

The above listed courses have been reviewed and recommendation is being made to allow transfer of these credits towards the degree pursued at Kilian Community College. I understand dual enrollment courses are only approved for extenuating circumstances and students should be encouraged to pursue courses at Kilian Community College.

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this section and return it to: Kilian Community College, Attn: Patti, 300 E. 6<sup>th</sup> St, Sioux Falls, SD 57103**

**Step 3 – To be completed by Kilian Community College:**

The student will be notified of the outcome of this review by either the advisor or the Registrar. If approved, the student may pursue registration at the visiting institution.

Approved  Denied

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 4 – To be completed by dual enrollment institution:**

This is to certify the student named within this agreement, as of this date, has enrolled for \_\_\_\_\_ credits for the semester indicated. The student's costs for this semester are calculated as follows:

Tuition and Fees	\$ _____
Books	\$ _____
Room and Board	\$ _____
Personal	\$ _____
Transportation	\$ _____
Other	\$ _____
TOTAL	\$ _____

I agree not to award aid to the student for the duration of this agreement and to inform Kilian Community College of any changes in enrollment. I understand that Kilian Community College will be the degree-granting institution. I will notify Kilian Community College when the student drops credits prior to the end of the add/drop period or withdraws entirely.

Financial Aid Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Please complete this section and return it to: Kilian Community College, Attn: Patti, 300 E. 6<sup>th</sup> St, Sioux Falls, SD 57103**

**Step 5 – To be completed by Kilian Community College Financial Aid:**

Kilian Community College agrees to calculate costs of tuition, fees and books and will determine the student's enrollment status, including enrollment at all institutions. Kilian Community College will calculate the student's financial assistance, disburse the aid, monitor satisfactory academic progress, and calculate the R2T4 calculation and other student eligibility requirements.

\_\_\_\_\_  
Director of Financial Aid

\_\_\_\_\_  
Date

**FOR KILIAN COMMUNITY COLLEGE OFFICE USE ONLY:**

\_\_\_\_ Entered dual enrolled course    \_\_\_\_ Reported to Clearinghouse by FA Office    \_\_\_\_ Received Transcript    \_\_\_\_ Entered Grade