FINANCIAL AID AND SCHOLARSHIP OFFICE

UC SANTA CRUZ

UCSC Student's ID /Account Number (Do not use CRUZ ID)

UCSC Student's Last Name

First Name

2019-20 Consortium Agreement Request

Section 1

MUST BE COMPLETED BY STUDENT

I, (student name)_____, authorize (please check box) ◯ **Cabrillo** ◯ **DeAnza** ◯ **Monterey Peninsula** College to release this information to the UCSC Financial Aid & Scholarship Office. I plan to attend the designated college for the Fall 2019 or Spring 2020 semester and will enroll in the courses listed below.

Community College Course Enrollment

Course name	Course number	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____

UCSC Course Enrollment

Course name	Course number	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 2

MUST BE COMPLETED BY UC SANTA CRUZ ACADEMIC PRECEPTOR:

Grade level _____ Academic Standing _____

This request has been approved (list special conditions, if any), and the courses listed above at the community college are transferable:

This request has been denied (please state reason):

Academic Preceptor _____ Extension_____ Date _____ College _____

Section 3

MUST BE COMPLETED BY COMMUNITY COLLEGE FINANCIAL AID OFFICE:

I certify that the student named in Section I is not receiving federal financial aid at our Community College.

Name (please print)_____ Title _____

Signature _____Date_____

College Seal _____

Section 4

MUST BE SUBMITTED BY STUDENT

A copy of my unofficial community college transcript must be submitted to the UCSC Financial Aid and Scholarship Office. A hold may be placed on future aid if this is not received.

Student signature: _____ Date:_____

Student E-mail: _____

RETURN TO: UC Santa Cruz Financial Aid and Scholarship Office, 205 Hahn Student Services Building, 1156 High Street, Santa Cruz, CA 95064.
Phone: (831) 459-2963 Web: financialaid.ucsc.edu. For your protection and security, please do not e-mail forms.

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