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

2020-21 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 and enroll in the courses listed below for the following semester: ☐ Fall 2020 ☐ Spring 2021

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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