UC SANTA CR	UZ
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Financial Aid & Scholarships

UCSC Student's ID /Account Number (Do not use CRUZ ID)								U	CSC	Stu	den	it's L	ast l	Nam	ne						Firs	st Na	ame					

2024-25 Consortium Agreement Request

	, authorize (please ch		
College to release this information to the U	CSC Financial Aid & Scholarship Office.	. I plan to attend the de	signated college and enroll in the co
listed below for the following semester:	Fall 2024 Spring 202	25	
Community College Course Enrollment			
Course name	Course number	Units	
UCSC Course Enrollment			
Course name	Course number	Units 	
Grade level Academic This request has been approved (list special This request has been denied (please state) Academic Preceptor	standingal conditions, if any), and the courses le reason):	listed above at the con	
MUST BE COMPLETED BY COMMUN			munity College
I certify that the student named in Sec	ction I is not receiving federal finar	ncial aid at our Comr	
	ction I is not receiving federal finar	ncial aid at our Comr	
I certify that the student named in Sec	ction I is not receiving federal finar	ncial aid at our Comr	

A copy of my unofficial community college transcript must be submitted to the UCSC Financial Aid and Scholarship Office by the UCSC add/drop/swap deadline associated with the quarter in which they participate in the consortium agreement. A hold may be placed on future aid if this is not received.

tudont cianatura.	Data
tudent signature: ₋	Date:
5	

Student E-mail: