

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

UCSC Student's Last Name

First Name

2025-26 Consortium Agreement Request

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 2025 Spring 2026

Community College Course Enrollment

Table with 3 columns: Course name, Course number, Units. Includes three rows of blank lines for entry.

UCSC Course Enrollment

Table with 3 columns: Course name, Course number, Units. Includes three rows of blank lines for entry.

Section 1

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 2

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 3

MUST BE SUBMITTED BY STUDENT

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.

Student signature: _____ Date: _____

Student E-mail: _____

Section 4