



**Consortium Request**

Hibbing Community College  
Financial Aid Office  
1515 East 25<sup>th</sup> Street  
Hibbing, MN 55746  
1-800-224-4422 or 218-262-7200  
Fax: 218-263-2992

MnSCU Host School: \_\_\_\_\_

Home School: *Hibbing Community College*

**Directions:**

1. Meet with your HCC Counselor/Advisor to discuss your enrollment plans. **Courses taken at the host school must apply to your major at HCC.**
2. Once the HCC counselor/advisor’s signature is received, send/bring this form to the Records/Registrar’s office at HCC **before** the end of the drop/add period for the term. Your aid will be based on your combined credits at both school.
3. When you receive your financial aid from HCC, **you must pay your charges at the host school.**

Name: \_\_\_\_\_ Student ID# or Star ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Major at HCC: \_\_\_\_\_ (host school courses must apply to HCC degree)

**You must enroll for at least one course at HCC applicable to your program of study in order for any consortium coursework to be considered for academic/financial aid approval.**

Course #	Course(s) taken at HOST school	Credits

I understand that I **must pay the “host” school directly** for credits taken at the “host school”. I MUST inform HCC of **any** changes (i.e. drops, withdrawals, section changes) made to my schedule at the “host school”. If I do not, HCC reserves the right to post a grade of “F” for the class(es) involved. During the period covered by this agreement, the student will be considered enrolled at Hibbing Community College. HCC will process the student’s financial aid application. I understand I can only receive financial aid from one school at a time. Credits approved are utilized as “resident” credits for purposes of credit completion and GPA calculations for ICC’s Satisfactory Academic Progress Policy. **Any books for the classes listed above must be paid for “out of pocket”.**

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

I have reviewed the coursework the above named student plans to take at the host school and affirm that the courses listed above are REQUIRED and still needed for completion of the student’s specific HCC degree/diploma program listed above.

Counselor/Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

\_\_\_\_\_ Registrar Initials      \_\_\_\_\_ Financial Aid Initials      Date: \_\_\_\_\_