

CEP Consortium Agreement

Student Information	
Student Name:	7-digit NAU ID Number:
Phone:	NAU E-mail:

Important: Federal regulations require that financial aid only be disbursed through one institution at a time. You must apply for financial aid through NAU and complete this form for each semester you are enrolled at both NAU and your community college when seeking aid at NAU. It is you, the student's, responsibility to pay your community college's tuition and fees out-of-pocket or by payment plan until your financial aid is disbursed by NAU and a potential refund is generated.

Submission Deadlines: Fall: August 15 **Spring:** December 15

These are strict deadlines. Agreements received after these dates will not be processed.

A. Instructions
<p>Step 1: Complete Sections B and C.</p> <p>Step 2: Ask a financial aid official at your community college to certify Section B on page 2.</p> <p>Step 3: Email the completed form to: CEPFinAid@nau.edu.</p> <p>Step 4: At the end of the semester, submit an official transcript to Admissions@nau.edu.</p>

B. Program Information (Completed by student and certified by financial aid official at non-parent institution)
<p>Choose your county: <input type="checkbox"/> Maricopa <input type="checkbox"/> Pima <input type="checkbox"/> Other: _____</p> <p>Choose your program: <input type="checkbox"/> Nursing <input type="checkbox"/> Respiratory <input type="checkbox"/> Dental Hygiene</p> <p>Choose your semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring</p> <p>I will be enrolled in _____ credits at NAU and _____ credits at _____</p> <p style="text-align: center;">I am enrolled in the following course(s) at the institution named above:</p>

Course Prefix & Number	Course Title	Course Start and End Dates	Credits/Units	Tuition Per Course
1.				
2.				
3.				
Total Community College Tuition (do not include fees) =				\$

Certification for Community College Financial Aid Official: I have reviewed the course of study of the student listed above and confirmed enrollment at the institution named below. As the non-parent institution, we will not process this student for financial assistance, all records will be kept at NAU (parent institution), and we agree to share information about this student's enrollment as requested by the NAU Office of Scholarships and Financial Aid.

Name and Title (print): _____ **Date:** _____

Institution: _____

Email: _____ **Phone:** _____

Community College Financial Aid Official Signature: _____

C. Student Agreement and Understanding

Please read and initial each item to verify that you agree and understand the following:

_____ I have read and understand all of the terms and responsibilities of the CEP Consortium Agreement at nau.edu/cepconsortium.

_____ I authorize the non-parent school to release my financial aid information and semester grade(s) to NAU.

By signing below, I acknowledge that I have read and understand the terms and information on this form. I certify that this plan of study has been reviewed and discussed with me.: Incomplete forms will not be processed and will be shredded for security purposes. Typed, copied, or electronic signatures will not be accepted.

Student Signature: _____ **Date:** _____