

CEP Nursing 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 your, 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

Step 1: Complete Sections B and C.

Step 2: Ask a financial aid official at your community college to certify Section B on page 2.

Step 3: Email the completed form to: CEPFinAid@nau.edu.

Step 4: At the end of the semester, submit an official transcript to Admissions@nau.edu.

B. Program Information (Completed by student and certified by financial aid official at non-parent institution)

Choose your county: ☐ Maricopa ☐ Pima ☐ Other: _____

Choose your semester: ☐ Fall ☐ Spring

Note: If you are not enrolled in CEP Nursing block courses this semester, submit the [NAU As Parent Consortium Agreement](#) (with an advisor signature in the 90/30 programs section) instead of this form.

I will be enrolled in _____ credits at NAU and _____ credits at _____

I am enrolled in the following course(s) at the institution named above:

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 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.

_____ I understand that if I'm not enrolled in CEP Nursing block courses, this form will not be processed and I will be asked to complete the [NAU As Parent Consortium Agreement](#) (with an advisor signature in the 90/30 programs section). I am responsible for any late fees accrued while a second form is reviewed and processed.

_____ I understand that the earliest NAU will disburse financial aid is 10 days prior to the start of my first **NAU** course. NAU will not disburse aid any earlier than this. I am responsible for paying my community college tuition/fees out of pocket or making payment arrangements with my community college.

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:** _____