LAS POSITAS COLLEGE
CONSORTIUM AGREEMENT

Fall 2026 ***Deadline 11/20/2026***

Name: _____ W#_____

Federal Pell Grant Program regulations prohibit a student from receiving a Pell Grant from more than one school at the same time. However, it is possible for a school to pay a student enrolled in one of its eligible programs for courses taken at other eligible schools, if those courses apply to the degree or certificate in the first school's program. Las Positas College (LPC) processes Consortiums for colleges located in ***California only***. Students having to appeal or who are on appeal probation are not eligible to request a consortium agreement.

CONSORTIUM AGREEMENT BETWEEN:

Home College: Las Positas College # of Units Enrolled _____
(Institution at which I will be enrolled and receiving aid)

Other College: _____ # of Units Enrolled _____
(Institution at which I will be concurrently enrolled)

All courses must be added by the Fall 2026 LPC freeze date of XXX, 2026

TRANSFERABLE COURSEWORK TO BE TAKEN AT OTHER COLLEGE:

OTHER COLLEGE ENROLLMENT				EQUIVALENT COURSE AT LPC		
Course Name	Course #	Units		Course Name	Course #	Units
			→			
			→			
			→			

ELIGIBILITY REQUIREMENTS: *(you must meet all requirements to be eligible to request a consortium agreement)*

☐ Yes, my cumulative GPA is 2.0 or higher
☐ Yes, I've completed at least 67% of cumulative attempted units
☐ Yes, I am enrolled in at least 6 or more units at **LPC**
☐ Yes, I completed a 2026-2027 FAFSA or CADAA application on file at **LPC**

STUDENT AGREEMENT:

1. I must attach a **class schedule** from the Other College.
2. I must attach a **current LPC Educational Plan** with this Consortium request.
3. I must be enrolled in courses that are applicable toward my remaining degree requirements to be eligible for financial assistance under a Consortium Agreement.
4. I must inform LPC Student Financial Services Office if my enrollment status changes either at home or at other school.
5. I must meet satisfactory academic progress (SAP) at both colleges according to the LPC SAP policy.
6. I must submit an official academic transcript from another institution at the end of the semester. This transcript should be sent to the LPC Enrollment Services Office. Let LPC Financial Aid Office know.
7. I understand consortium agreements are paid out on the 2nd disbursement date of each semester.
8. I understand that failure to maintain compliance with these conditions may result in cancellation or repayment of funds and make me ineligible for future Consortium Agreements.

I hereby request a Consortium Agreement. I understand and will comply with the above agreement.

Print Student Name _____ Student Signature _____ Date _____