California State University, Sacramento
Student Service Center
Financial Aid & Scholarships Office
Lassen Hall
6000 J Street, Sacramento, CA 95819-6044
Phone: (916) 278-1000

Print Name: _____

Sac State ID #: _____

2026-2027 CONSORTIUM AGREEMENT - Fall 2026

The consortium agreement is a semester-by-semester process that allows Sacramento State to consider courses taken at another school, and have those courses count toward their degree at Sac State (home school). Under this agreement, the units enrolled at another school and approved will be combined with the units at Sac State. This combined total will be used to determine eligibility for federal and ***certain*** state aid programs.

Additional Information:

- The Consortium Agreement program is provided to students by Sacramento State and not required by federal regulations. Each host campus *may* or *may not* participate in the Consortium Agreement program with Sacramento State
- A consortium agreement is available each semester and the student has the option to apply for a consortium each semester they concurrently enroll at another institution
- The student must be enrolled in at least half-time at Sacramento State (i.e., 6 units Undergrad, 4 units Graduate). Students enrolled in 12 units or more at Sacramento State are ineligible
- Courses for a double major, double concentration, or minor will not be considered if they are not required by the students primary academic program

Semester Deadline
Fall 2026 - September 25, 2026

STEP 1. APPLICATION AND ADVISING – Complete this section with advisor(s)

Fall 2026 Enrolled Units: Sacramento State: _____ Host Campus (non-Sac State units): _____

Host Campus Name:_____

Course(s) at Host Campus (do not list Sac State courses)

Course Title and Number	Units	Beginning & Ending Dates	Check ☑ if for: GE/GR	Major
1. _____	_____	_____		
2. _____	_____	_____		
3. _____	_____	_____		

Sac State Academic Certification:
In accordance with the above-named student's education plan. I certify that the general course(s) and/or graduation requirements listed above will apply toward the completion of the student's degree objective at Sacramento State.

Print Name: _____ Signature: _____Title: _____

Email Address: _____ Date:_____

Sac State Major Advisor Certification:
In accordance with the above-named student's education plan. I certify that the major course(s) listed above will apply toward the completion of the student's degree objective at Sacramento State.

Print Name: _____ Signature: _____Title: _____

Email Address: _____ Date:_____

California State University, Sacramento
Student Service Center
Financial Aid & Scholarships Office
Lassen Hall
6000 J Street, Sacramento, CA 95819-6044
Phone: (916) 278-1000

Print Name: _____

Sac State ID #: _____

STEP 2. HOST CAMPUS CERTIFICATION OF AID

This section is to be completed by the Financial Aid & Scholarships Office at the Host campus.

The student: _____ is OR _____ is *not* receiving federal and/or state financial aid (excluding Waivers) at our institution.

Print Name: _____ Signature: _____ Title: _____

Email Address:_____ Phone Number: _____ Date:_____

_____

Name of Institution Street Address

STEP 3. CONSORTIUM TERMS AND CONDITIONS

- You are admitted to a degree program and enrolled in at least half-time at Sacramento State (wait list not counted)
- Course(s) at the host campus apply toward the degree objective at Sacramento State
- You must notify the Sacramento State Financial Aid & Scholarships Office within 7 days of withdrawal from any course at the host campus. Upload proof of withdrawal (with date)
- Official academic transcripts must be provided to the Office of the Registrar within 30 days after the semester has ended
- A financial aid hold will be placed, preventing disbursement of all aid in the following term until the University has received transcripts
- No substitutions/changes in courses at the host campus will be accepted once this consortium agreement has been submitted
- The Satisfactory Academic Progress policy applies to all coursework under the consortium agreement

Student Certification:

I certify I understand the terms and conditions of the consortium agreement. I understand that failure to adhere to all conditions of this agreement may result in a denial of future requests and/or loss of eligibility to participate in the program.

Student Signature: _____ **Date:** _____

STEP 4.

SUBMIT THE CONSORTIUM AGREEMENT WITH A COPY OF FALL 2026 SEMESTER SCHEDULED FROM THE HOST CAMPUS.

Ensure your schedule lists your name, name of institution, course number, units, and semester of enrollment

Upload completed financial aid documents at
https://onbaseform.csus.edu/obforms/eforms/STDAF/DocumentSubmission/finaidupload.aspx