



Financial Aid & Veterans Services San Joaquin Delta College

5151 Pacific Avenue

Stockton, CA 95207-6370

Phone: (209) 954-5115 * Fax: (209) 954-5789

CONSORTIUM AGREEMENT

_____ SSN _____
(Student's Name)

is authorized to enroll at _____
(Participating Institution)

for the Fall Winter Spring Summer
semester/quarter, 20_____
(circle term & enter calendar year)

The institution certifies that the above-named student is enrolled in
_____ units. San Joaquin Delta College will be the institution of
record in determining financial aid eligibility.

Name of Financial Aid Director
(Participating Institution)

Signature

Financial Aid Officer
San Joaquin Delta College

Signature