

Consortium Agreement

Between John Tyler Community College (as the Home Institution) and the Host Institution (as listed below)

Home Institution	Host Institution
John Tyler Community College Office of Financial Aid 13101 Jefferson Davis Highway Chester, VA 23831	College Name _____ Address _____ _____ _____

Student Information (to be filled out by the student)			
First Name _____	Last Name _____	MI _____	EMPLID _____
Academic Year _____	Term _____	SSN _____	

The Financial Aid Office at _____ (host institution) agrees to enter into a Consortium Agreement with the Financial Aid Office at John Tyler Community College (home institution) for the student and academic period listed above. This student has permission from the home institution to take a course (or courses) at the host institution. Said course/courses will transfer to the home institution to be applied to the student's degree or certificate, as verified on page two of this form by the student's advisor.

The items of agreement are:

- John Tyler Community College, as the home institution, agrees to process the student's financial aid, including the enrollment status and cost of attendance at the host institution; and
- _____, the host institution, agrees not to process any financial aid awards for the student for the academic term indicated above; and
- The above named student will be responsible for payment to the host institution in accordance with their guidelines and payment policies.

Student Portion (to be filled out by the student)																	
Instructions/Important Information:																	
1) Decide which courses you need to take at the host school. 2) Complete the first page of this form. 3) Take the form to your advisor for approval of the course(s) as part of your JTCC degree/certificate (see page two). 4) Send this form to the host school's Financial Aid Office for appropriate signatures (see page two).	5) FOLLOW UP with the host school. They should certify this form after the add/drop period ends. 6) JTCC will process any aid increases after receiving this form from the host school. You will receive a revised award notice at that time if your eligibility changes.																
Curriculum (Major) _____	Reason course(s) cannot be taken at JTCC _____																
Advisor Name _____																	
Name(s) of Courses you plan to take at the Host Institution:																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Course Name</th> <th style="width: 25%;">Credit Hours</th> <th style="width: 25%;">Course Name</th> <th style="width: 25%;">Credit Hours</th> </tr> </thead> <tbody> <tr> <td>1) _____</td> <td>_____</td> <td>4) _____</td> <td>_____</td> </tr> <tr> <td>2) _____</td> <td>_____</td> <td>5) _____</td> <td>_____</td> </tr> <tr> <td>3) _____</td> <td>_____</td> <td>6) _____</td> <td>_____</td> </tr> </tbody> </table>		Course Name	Credit Hours	Course Name	Credit Hours	1) _____	_____	4) _____	_____	2) _____	_____	5) _____	_____	3) _____	_____	6) _____	_____
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1) _____	_____	4) _____	_____														
2) _____	_____	5) _____	_____														
3) _____	_____	6) _____	_____														
Responsibility:																	
I understand that if for any reason my financial aid is reduced, I am fully responsible for my Host Institution debts.																	
Student Signature _____	Date _____																

JTCC Advisor Portion (Students do NOT complete this section.)

Upon consulting the student's academic transcript, I find that the course(s) above are fully creditable toward the student's stated degree/certificate goal. List any exceptions below - if none, write none.

Advisor Name (Print) _____ Advisor's Signature _____

Phone Number _____ Date _____

Host Institution Financial Aid Office's Portion - Cost of Attendance (Students do NOT complete this section.)

Please use *actual* costs after the end of the add/drop period.

Tuition for _____ credits at \$ _____ per credit hour = \$ _____.

Total Credit Hours Total Cost

Fees (if any) \$ _____

Host Institution Financial Aid Office's Representative Name (Print) _____ Financial Aid Office's Representative Signature _____

Phone Number _____ Date _____

Host Institution Registrar's Office Portion - Enrollment Certification (Students do NOT complete this section.)

I certify that the student involved has registered for the course(s) listed in the student portion of this form, for the _____ 20 _____ semester beginning on _____ and ending _____.

List any exceptions below - if none, write none.

Host Institution Registrar's Office Representative Name (Print) _____ Registrar's Office Representative Signature _____

Phone Number _____ Date _____

Note: Please complete and mail back to JTCC as soon as possible after the end of the add/drop period.

(For Home Institution Signature)
 Financial Aid Administrator
 John Tyler Community College

 Signature Date