



**Student Financial Aid Office**  
**11400 Robinwood Drive**  
**Hagerstown, MD 21742**

**finaid@hagerstowncc.edu**  
**FAX: 301-791-9165**

# Consortium Agreement Form

**To Be Completed by Student:**

**This form has to be received by HCC Financial Aid Office by the census date of the requested semester. Contact our office for the date.**

To Host School:

From Home School

Hagerstown Community College  
 11400 Robinwood Drive  
 Hagerstown, MD. 21742-6514

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Term: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**To Be Completed by Consortium School:**

This degree-seeking student from Hagerstown Community College, Hagerstown, MD, plans to enroll at the Host Institution listed above. This Consortium Agreement will allow HCC to disburse financial aid based on the student's combined enrollment at both institutions. HCC is responsible for determining eligibility and awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and federal reporting requirements. After all HCC charges are paid, HCC will disburse any excess aid to the student. **The student is responsible for tuition charges at the Host School.**

The Host Institution agrees to provide the information listed below, to confirm enrollment, and to inform HCC if the student withdraws from any of the courses listed below. The Host Institution also agrees not to give the student any Title IV aid during the enrollment period listed below.

Enrollment Period: From \_\_\_\_\_ to \_\_\_\_\_ Tuition & Fees: \$ \_\_\_\_\_  
 month/day/year month/day/year

If student has not enrolled for courses yet, please hold this form and refax it when their registration is completed.

<u>Name(s) of Approved Course(s)</u>	<u>Course Numbers</u>	<u>Projected Credits</u>	<u>Please Confirm Enrollment (Credits)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Please Fax or Mail Completed form to the above address. Thank You**

HCC Office: Scan form immediately upon receipt if complete.