

Consortium Agreement



Student Financial Aid Office
11400 Robinwood Drive
Hagerstown, MD 21742
finaid@hagerstowncc.edu
FAX: 301-791-9165

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

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 Be Completed by Student:

To Host School:

School Name: _____

Address: _____

From Home School

Hagerstown Community College

11400 Robinwood Drive

Hagerstown, MD. 21742-6514

Student Name: _____ Birthdate: _____ Term: _____

Address: _____ City, State, Zip _____

Under this consortium agreement, the student will:

1. Take courses at the Host School that are transferable to the HCC degree or certificate.
2. Notify HCC Student Financial Aid Office if he/she does not begin attendance in the courses listed and approved in this consortium agreement.
3. Immediately inform HCC and Host School of any changes in enrollment status, including withdrawing from all courses or substitution of approved courses.
4. Provide an academic transcript from the Host School upon completion of the consortium period.
5. Pay tuition, fees and other expenses as charged by the Host School.

Student Signature _____ Date _____

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.**

To Be Completed by Consortium 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 _____
month/day/year month/day/year

Tuition & Fees: \$ _____ Room & Board: \$ _____

Books & Supplies: \$ _____ Transportation: \$ _____

Misc. Personal Expense: \$ _____ Other (specify): \$ _____

If student has not enrolled for courses yet, please hold this form and fax when student completes registration.

<u>Name(s) of Approved Course(s)</u>	<u>Course Number</u>	<u>Projected Credits</u>

Host School Contact:

Printed Name: _____

Title: _____

Authorized Signature: _____

Date: _____ Phone _____ E-mail: _____

Telephone Number: _____ Fax Number: _____

Please Fax or Mail Completed form to HCC Student Financial Aid Office. Thank You.

HCC Office: Scan form immediately upon receipt if complete.