

# Consortium Agreement

Between RCC (as the Home Institution) and the Host Institution (as listed below)

Home Institution	Host Institution
Rappahannock Community College	College Name _____
Office of Financial Aid	Address _____
12795 College Drive	_____
Glenns Virginia 23149	_____

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 Rappahannock 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:

- Rappahannock 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)																	
<b>Instructions/Important Information:</b>																	
<ol style="list-style-type: none"> <li>1) Decide which courses you need to take at the host school.</li> <li>2) Complete the first page of this form.</li> <li>3) Take the form to your advisor for approval of the course(s) as part of your RCC degree/certificate (see page two).</li> <li>4) Send this form to the host school's Financial Aid Office for appropriate signatures (see page two).</li> </ol>	<ol style="list-style-type: none"> <li>5) FOLLOW UP with the host school. They should certify this form after the add/drop period ends.</li> <li>6) RCC 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.</li> </ol>																
Curriculum (Major) _____	Reason course(s) cannot be taken at RCC _____																
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: 50%;">Course Name</th> <th style="width: 50%;">Credit Hours</th> </tr> </thead> <tbody> <tr> <td>1) _____</td> <td>_____</td> </tr> <tr> <td>2) _____</td> <td>_____</td> </tr> <tr> <td>3) _____</td> <td>_____</td> </tr> </tbody> </table>	Course Name	Credit Hours	1) _____	_____	2) _____	_____	3) _____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Course Name</th> <th style="width: 50%;">Credit Hours</th> </tr> </thead> <tbody> <tr> <td>4) _____</td> <td>_____</td> </tr> <tr> <td>5) _____</td> <td>_____</td> </tr> <tr> <td>6) _____</td> <td>_____</td> </tr> </tbody> </table>	Course Name	Credit Hours	4) _____	_____	5) _____	_____	6) _____	_____
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<b>Responsibility:</b>																	
I understand that if for any reason my financial aid is reduced, I am fully responsible for my Host Institution debts.																	
Student Signature _____	Date _____																

EMPLID \_\_\_\_\_

**RCC 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 RCC as soon as possible after the end of the add/drop period.**

\*\*\*\*\*

(For Home Institution Signature)

Vickisha D. Harris  
Coordinator of Financial Aid & Veteran Services  
Rappahannock Community College

Signature \_\_\_\_\_

Date \_\_\_\_\_