



2016-17 Financial Aid
CONSORTIUM AGREEMENT
 between
 Blue Ridge Community College
 and

Name of Visiting School

Blue Ridge Community College and the school named above are herein entering into a consortium agreement for:

Name of Student	Social Security Number	Telephone Number/E-mail address
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For which semester are you completing this form:

Fall 2016
 Spring 2017
 Summer 2017

Note: Students must complete this form each semester for which they wish to receive financial aid under a consortium agreement.

Section I – Student Criteria

The student must:

1. Take courses at the Visiting School which are transferable to their degree program at BRCC and earn at least a “C” or higher grade.
2. Be enrolled in a degree-seeking program at BRCC and making “Satisfactory Academic Progress” as specified in the BRCC catalog.
3. Submit this completed form to the BRCC Financial Aid Office. Aid will not be disbursed to the student’s account until proof of registration is received by the Financial Aid Office.
4. Submit an official transcript from the Visiting School to the BRCC Registrar’s Office to transfer the hours back to BRCC as soon as possible. Aid for subsequent semesters will not be disbursed to the student’s account until the transfer hours are received.
5. **NOT** be receiving financial aid at the Visiting School.

Section II – To be completed by student

To be completed by Student	To be completed by Student	To be completed by BRCC Academic Advisor
Course Prefix/Number/Name of course from the Host School	Credit Hours	BRCC Course Equivalent
	Total Credit Hours:	

Student Signature: _____ Date _____

Section III – To be completed by the Visiting School

Will the student receive financial aid at your institution? Yes No

If “Yes” STOP. Do not complete the remainder of this form. Please sign the form and return it to the student.

If “NO” please complete the remainder of this form:

Dates of enrollment under this agreement:	Number of weeks of instructional time
Tuition and fees per credit hour	\$
Books and supplies per credit hour	\$
Room and board	\$
Transportation	\$
Personal	\$
Child Care	\$
Total	\$

The Office for Financial Aid at Blue Ridge Community College will be notified if the student withdraws or is dropped or purged from any classes at the Visiting School under this agreement.

Yes No

Visiting School’s Financial Aid Officer Signature	Printed Name
Telephone	Date

Please return this form to: Financial Aid Office
Blue Ridge Community College
180 West Campus Drive
Flat Rock, NC 28731

Comments:

BRCC Financial Aid Director’s Signature _____ Date

OR
BRCC Vice President for Student Services’ Signature: _____ Date