



## 2017-2018 CONSORTIUM AGREEMENT

Student Name: \_\_\_\_\_ GTCC ID: \_\_\_\_\_

Host Institution: \_\_\_\_\_ Term: \_\_\_\_\_

*I hereby authorize the Host Institution listed above to release financial and academic information to Guilford Technical Community College for the purposes of determining financial aid eligibility.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

The student listed above is seeking a degree or certificate from Guilford Technical Community College (GTCC) and plans to enroll at the Host Institution listed above during the 2017-18 academic year. This Consortium Agreement will allow GTCC to disburse financial aid based on the student's combined enrollment at both institutions. GTCC is responsible for determining eligibility and awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and federal reporting requirements. After all GTCC charges are paid, GTCC will disburse any excess aid to the student. **The student is responsible for paying any charges, or using any refund(s) to pay the charges at the Host Institution.**

The Host Institution agrees to complete this form, to confirm enrollment, **to inform GTCC if the student withdraws from these courses**, to send GTCC an official transcript at the end of the semester, and to not give the student any Title IV grant aid during this enrollment period. If the student wishes to receive Federal loans at both the home and host institutions, documentation of non-institutional costs must be provided to GTCC.

**Host School Section:**

**Enrollment Period:** From *month* \_\_\_\_\_ *day* \_\_\_\_\_ *year* \_\_\_\_\_ **Tuition and Fees:** \_\_\_\_\_

To *month* \_\_\_\_\_ *day* \_\_\_\_\_ *year* \_\_\_\_\_ **Books and Supplies:** \_\_\_\_\_

**Last day to drop these courses:** \_\_\_\_\_ **Host School Aid for this term:** \_\_\_\_\_

**List Course Information OR Attach Schedule**

Name of Course	Course Number	Please Confirm the Number of Enrolled Credits
<b>Total Credits =</b>		

**Host Institution**

**Guilford Technical Community College**

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

\_\_\_\_\_

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

\_\_\_\_\_

**Signature Authority:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**(336) 819-2055**

**Telephone or E-mail:** \_\_\_\_\_

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