



Financial Aid Office P.O. Box 309 Jamestown, NC 27282
Phone: 336.334.4822 Option 3 Fax: 336.217-8468

2019-2020 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 2019-20 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
Total Credits =		

<u>Host Institution</u>	<u>Guilford Technical Community College</u>
Printed Name: _____	_____
Title: _____	_____
Signature Authority: _____	_____
Date: _____	_____
Fax Number: _____	(336) 217-8468
Telephone or E-mail: _____	_____

Please return this completed form to: GTCC Financial Aid Office, PO Box 309, Jamestown, NC 27282
or FAX to 336-217-8468.