



444 Western Boulevard
Jacksonville, North Carolina 28546-6816
Phone (910) 455-1221

FINANCIAL AID CONSORTIUM AGREEMENT

Student's Name

ID# _____
Last 4 (SSN) XXX-XX-_____

The Consortium Agreement allows a student to be considered enrolled at their **home** institution while taking coursework at another (**host**) institution. The home institution is the institution granting the student's degree, diploma, or certificate. The host institution is the institution that the student is "**visiting**" under this agreement.

In compliance with federal regulations Coastal Carolina Community College (**home** institution) and _____ (**host** Institution) agree to participate in this consortium agreement for Federal Financial Aid.

This agreement allows the above-named student to take pre-approved courses at the host institution and earn credit toward his/her degree at Coastal Carolina Community College (CCCC). Coursework will count toward his/her degree, diploma, or certificate on the same basis as it would for coursework taken at CCCC. Both institutions certify and attest they meet the definition and requirements of an eligible institution under federal regulations (34 CFR 668.14).

Coastal Carolina Community College will serve as the home school and will be responsible for awarding and disbursing Title IV funding. CCCC will determine the student's eligibility, enrollment level for Pell purposes, satisfactory progress status, and will enforce all R2T4 rules and regulations.

If the student's enrollment status changes during the enrollment period at the host school, it is the host school's responsibility to inform Coastal Carolina Community College of this change in enrollment status. Should the student fail to officially withdraw but ceases attendance in all classes, the host school will notify CCCC of the student's unofficial withdrawal from classes in accordance with 34 CFR 668.22. College will provide the date of withdrawal and the last date of attendance.

Under this consortium agreement, I understand I must:

- Provide a copy of my signed schedule from the Host Institution to CCCC
- Take courses at the host Institution that are transferable to my degree.
- Pay all tuition, fees and other charges at the host Institution according to their payment schedule.
- Provide a copy of my transcript from the Host Institution after completion of the term.

Student's Signature

Date

This agreement shall remain in effect during the enrollment period specified below or until canceled in writing by either institution.

To be completed by Host Institution

Consortium Period ___ Summer 2024 ___ Fall 2024 ___ Spring 2025 ___ Summer 2025

Course(s) registered for _____	Credits _____
_____	_____
_____	_____
_____	_____

Student Expenses

Tuition and Fees _____	Room and Board _____
Miscellaneous _____	Transportation _____
Books and Supplies _____	Total Costs _____

Host Financial Aid Director Signature _____ / ____ / ____
Date

CCCC Financial Aid Signature _____ / ____ / ____
Date