CONSORTIUM AGREEMENT REQUEST

DUE IN FINANCIAL AID OFFICE AT LEAST 2 WEEKS PRIOR TO BEGINNING OF SEMESTER

SECTION I: STUDENT CRITERIA - PLEASE PRINT ALL INFORMATION:
Student Name ______________________ Student ID# __________________ Telephone # __________________
Reason for this request: ________________________________________________________________

For the purpose of this agreement, Westmoreland County Community College shall be considered the “home” institution and will be responsible for: calculating and disbursing aid; monitoring academic progress and all other eligibility requirements; and processing refunds. The following institution shall be considered the “host” institution:

______________________________
Name of Institution

Indicate the term covered by this Consortium Agreement Request: Fall ______ Spring ______ Summer ______

The student must:

 Be enrolled in a degree-seeking program at Westmoreland County Community College; be enrolled in at least one (1) course at Westmoreland County Community College during the semester indicated above; and be making satisfactory academic progress as specified in the Standards of Academic Progress for Financial Aid.
 Take courses at the Host School that are transferrable to his/her degree program at Westmoreland County Community College as verified and authorized by a counselor/advisor at Westmoreland County Community College (Section II).
 Submit this completed form (Sections I and II); a copy of your registration from the Host School showing the beginning and ending dates of enrollment, courses, and the number of credits per course; and a copy of your bill from the Host School to the Westmoreland County Community College Financial Aid Office.
 NOT be receiving financial aid at the Host School.

Upon approval of this Consortium Agreement Request, the student must:

 Submit official grade transcripts from the Host School to Westmoreland County Community College at the end of the semester.

Please note:
 You must complete this form for each semester you wish to receive financial aid under a Consortium Agreement.
 This is a request and subject to approval by the Westmoreland County Community College Financial Aid Office.

Student’s Signature ___________________________ Date _____________________________

SECTION II: WESTMORELAND COUNTY COMMUNITY COLLEGE COUNSELOR’S/ADVISOR’S VERIFICATION AND AUTHORIZATION

The student is enrolled in a degree-seeking program at Westmoreland County Community College and is maintaining satisfactory academic progress.

Yes ________  No ________

The credits to be earned at the Host School are transferrable to Westmoreland County Community College.

Yes ________  No ________

Counselor’s/Advisor’s Signature ___________________________ Date _____________________________

11/17/2011
SECTION III: WESTMORELAND COUNTY COMMUNITY COLLEGE FINANCIAL AID OFFICE AUTHORIZATION

This Consortium Agreement Request is:  
Approved ____________  Denied ______________

If denied, based on: ______________________________________________________

Financial Aid Authorized Signature __________________________________________ Date __________________

SECTION IV: TO BE COMPLETED BY THE FINANCIAL AID OFFICE OF THE HOST SCHOOL

The “host” institution shall provide information to the “home” institution regarding admission status, registration and the costs for tuition, fees, books, miscellaneous expenses and room/board (if applicable).

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 below and return it to the student.

If “NO”, please complete the remainder of this form.

Enrollment Period __________ to __________

<table>
<thead>
<tr>
<th>COST</th>
<th>ENROLLMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees:</td>
<td>Number of credit hours:</td>
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<tr>
<td>Room &amp; Board:</td>
<td>BALANCE DUE</td>
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<tr>
<td>Books &amp; Supplies:</td>
<td>____________________________</td>
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<tr>
<td>Other:</td>
<td>____________________________</td>
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<tr>
<td>Total Costs:</td>
<td>____________________________</td>
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THE STUDENT HAS THE RESPONSIBILITY TO PAY THE BILL AT THE HOST INSTITUTION OR REQUEST A DEFERMENT OF THE BILL UNTIL AID IS DISBURSED AT WESTMORELAND COUNTY COMMUNITY COLLEGE

The “host” school agrees to inform Westmoreland County Community College of any changes in the above information.

WESTMORELAND CO COM COLLEGE

Name (Please Print)

Title (Please Print)

Signature/Date

Return to:
WCCC
Financial Aid Office
145 Pavilion Lane
Youngwood, PA 15697

HOST INSTITUTION

Name (Please Print)

Title (Please Print)

Signature/Date

Telephone Number

11/17/2011