Consortium Agreement Information

What is a Consortium Agreement?

This agreement allows you, the student, to receive financial aid at Virginia Western Community College (home institution) for courses that you are taking at another institution (host institution) that go towards your program of study at Virginia Western Community College. This agreement is required because a student cannot receive financial aid at two or more institutions that are being attended during the same period. This will allow Virginia Western Community College to include the credits you are taking at your host institution in the enrollment status for your financial aid at Virginia Western Community College.

How to complete the Consortium Agreement for Virginia Western Community College:

- Complete the attached Consortium Agreement form indicating what courses you will be taking at VWCC and your host institution for the stated term.
  - The host institution is the school, not VWCC, where you will be taking courses that satisfy VWCC program requirements.
  - Please note that most host institutions require payment out of pocket prior to the semester, and will not hold courses. Please contact your host institution’s financial aid office for specific information on how to handle payment for those courses.
  - You are responsible for ensuring that your financial aid at VWCC is enough to cover the tuition and fees due to VWCC. Sometimes even with combined enrollment – the total aid is not enough to cover the balance due.
- Review and initial each statement on the Consortium Agreement Form before submitting.
- Submit completed Consortium Agreement form to VWCC Financial Aid Office to be processed.

Important Additional Information:

- Any communication to the student will take place via email to the student’s VWCC email account. Please be sure to check your email regularly.
- If any changes to your enrollment occurs you must contact the VWCC Office of Financial Aid to ensure that your account is reviewed for accuracy.
- Any debt as a result of inaccurate information will be the student’s responsibility.
- Any changes to the courses at the host or home institution must be submitted on a new Consortium Agreement.
CONSORTIUM AGREEMENT FOR FINANCIAL AID:
Enrollment Form

STUDENT INFORMATION: (to be completed by student - please print or type)

Name: ____________________________  Student ID: ____________________________
  Last        First        MI

Current address: ____________________________  City, State, Zip
  Street

Current phone number: (____) _____________  Email: ____________________________

Program of Study at Virginia Western: ____________________________

Enrollment Period: Term _______ Year _______ Host Institution name: ____________________________

Course listing for above stated period:

<table>
<thead>
<tr>
<th>Class Prefix and #: (ENG 111)</th>
<th>Class Name: (College Composition I)</th>
<th>Credit Hours</th>
<th>Will be taking at VWCC or Host Institution?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Credit Hours at VWCC: ___________  Total Credit hours at Host Institution: ___________

The student agrees and understands the requirements of the consortium agreement by initialing the following statement and signing this agreement:

- I allow Virginia Western Community College (the home school) to exchange student information with the indicated host institution. _______________ (initials)
- I certify that I am a regular, degree-seeking, or other aid-eligible student as defined by Federal regulations at Virginia Western Community College. _______________ (initials)
- I understand that payment of tuition and fees at the host institution is my responsibility according to the host institution’s policies and procedures. _______________ (initials)
- I will notify Virginia Western Community College’s Financial Aid Office should there be any change in enrollment status at the host institution and if for any reason the financial aid is reduced, I am fully responsible for any debts. _______________ (initials)

Student signature: ____________________________  Date: ____________________________

Phone: (855) 874-6690  Email: Finaid@virginiawestern.edu  Fax: 540-857-6208  Address: 3094 Colonial Ave, Roanoke, VA 24015