



## CONSORTIUM AGREEMENT FOR FINANCIAL AID PURPOSES BETWEEN

The Home Institution	The Host Institution
<b>J. Sargeant Reynolds Community College (JSRCC)</b>	<b>Name:</b> _____
<b>Office of Financial Aid</b>	<b>Street Address:</b> _____
<b>P.O. Box 85622</b>	<b>City, State, Zip:</b> _____
<b>Richmond, VA 23285-5622</b>	
<b>Fax Number : (804) 371-3739</b>	<b>Fax Number (____) _____</b>

Section I: To be completed by the student	
Name : _____	Emplid Number: _____
Home Address: _____	Contact Number: (____) _____
City: _____ State: _____ Zip: _____	JSRCC email address: _____
Consortium Term: _____ Fall _____ Spring _____ Summer	
<b>Statement of Authorization:</b>	
<p><b>I agree to:</b></p> <ul style="list-style-type: none"> <li>Submit this form to JSRCC and to my Host Institution for completion.</li> <li>Inform JSRCC immediately if I choose not to enroll or otherwise cancel my participation in the program.</li> <li>Allow JSRCC and my Host Institution to share information relating to my enrollment and financial aid eligibility.</li> <li>Maintain satisfactory academic progress.</li> <li>Request the Host Institution to mail an official transcript of all class grades to the JSRCC Central Admissions and Record Office</li> </ul>	<p><b>I understand that:</b></p> <ul style="list-style-type: none"> <li>JSRCC will not provide early release of financial aid or send payments to my Host Institution.</li> <li>I am responsible for any payment due to my Host Institution prior to their payment deadlines as my funds at my JSRCC cannot, under any circumstances, be released until after the last day to drop a class with a refund at JSRCC.</li> <li>This agreement does not guarantee an increase in the amount of financial aid I will be eligible to receive.</li> </ul>
Student Signature: _____	Date: _____

Section II: To be completed by Host Institution			
The above student may attend the Host Institution as a visiting student and has registered for the following course(s):			
Course Title	Credit Hours	Course Title	Credit Hours
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____
<p>Please indicate the student's estimated tuition/fees and books for all the courses listed above:</p> <p>Tuition/Fees: _____</p> <p>Books: _____</p> <p>Total: _____</p>			
<p style="text-align: right;">Is the Host Institution eligible to award Federal Title IV financial aid?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p><b>Statement of Certification:</b></p> <p>The Host Institution agree to:</p> <ul style="list-style-type: none"> <li>Not process or award any Federal Title IV financial aid for this student</li> <li>Share information about this student's enrollment including notifying JSRCC if the student withdraws from the program or decreases enrollment before its conclusion</li> </ul>			
Host Institution Financial Aid Office Staff Signature: _____			Date: _____
Print Name: _____	Office Phone Number: _____	Office Fax Number: _____	

**Section III: To be completed by JSRCC Academic Advisor.**

**Certification:** I have reviewed the program of study for the student listed in Section I above and affirm that the courses at the Host Institution listed in Section II above are required, acceptable for transfer, and will be applied toward the student's degree or certificate at J. Sargeant Reynolds Community College, if completed with a grade of "C" or better.

JSRCC Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Department: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

**Section IV: To be completed by JSRCC Financial Aid Office. (Sections I, II & III must be completed first.)**

Approved Financial Aid:

Award Name:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Eligibility: \$ \_\_\_\_\_

Under this consortium agreement, JSRCC:

- Agrees to process the student's Title IV financial aid application and provide payment of Title IV funds (if eligible) as appropriate for the consortium agreement.
- Will calculate returns of Title IV funds, when needed.
- Will maintain Title IV record keeping and reporting requirements.
- Will maintain all records in accordance with federal regulations.

JSRCC Financial Aid Office Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_