



Consortium Agreement

Aid Year: _____

This agreement made between **Virginia Highlands Community College**, known as the "HOME INSTITUTION" and _____ known as the "VISITING INSTITUTION" provides for cross-registration for the purpose of establishing eligibility for financial aid for

Student Name	SS#	Student ID
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The VISITING INSTITUTION agrees to register the student who intends to transfer the credits earned to the HOME INSTITUTION (VHCC):

Semester: _____ Academic Year: _____

Dept. and Number	Course Description	Credits

The HOME INSTITUTION agrees to accept as transfer credits the above listed courses and apply those courses to the degree of the STUDENT.

The VISITING INSTITUTION agrees not to award Pell or SEOG funds to this student during the term of this agreement.

*****The STUDENT is responsible for payments to the VISITING INSTITUTION*****

The STUDENT is responsible for immediately notifying the HOME INSTITUTION of any changes in enrollment at the VISITING INSTITUTION and requesting an official transcript of academic credit from the VISITING INSTITUTION immediately following the conclusion of the semester.

This agreement terminates at the conclusion of the semester indicated above.

Student Signature

For the HOME INSTITUTION (VHCC)

For the VISITING INSTITUTION

Signature

Julie Johnson
Financial Aid Representative

Signature

Financial Aid Office Authorized Official

VISITING INSTITUTION forward form to:
Julie Johnson
Financial Aid Specialist
P.O. Box 828
Abingdon, VA 24212
jjohnson1@vhcc.edu
P: (276)-739-2463

Title