



**THIS FORM IS DUE AT THE BEGINNING OF THE SEMESTER**

**STUDENT NAME:** \_\_\_\_\_

**WCC ID #:** \_\_\_\_\_

A consortium agreement is a written contract between two or more eligible schools that permits students to take courses at multiple schools at the same time for the purpose of completing a degree. Under a consortium agreement, a student may take courses at a school other than the “home” school and have those courses count towards the degree or certificate at the “home” school. A student may receive federal financial aid only for courses that are applicable to the student’s degree or certificate program.

For the purpose of this agreement, Wayne Community College (WCC) is considered the HOME school and will grant the degree or certificate upon completion of all required coursework. WCC is also the institution that will process, package, and disburse the financial aid. The HOST school will be responsible for certifying the student’s enrollment status and the costs for tuition and fees.

**INSTRUCTIONS:** Complete this form using blue or black ink. Incomplete forms or forms turned in without the requested documentation will not be processed.

**This Consortium Agreement Request is for:**     **Fall 2021**     **Spring 2022**     **Summer 2022**

- A.** Obtain a letter of “**Permission to Visit**” from the Office of Admissions and Records and **ATTACH a copy to this request.**
- B.** Complete this Consortium Agreement Request, ATTACH all items requested in step C, sign, and submit the completed package to the WCC Financial Aid Office at the beginning of the semester for which you are requesting the Consortium Agreement.

**HOME SCHOOL**

List the courses you plan to take at WCC this semester. **\*\*You must be enrolled at least half-time (6 credit hours) at WCC to be considered for a Consortium Agreement.**

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

**HOST SCHOOL (Consortium Site)**

Provide information about the host school and the courses you plan to take at this school this semester.

Name of College _____	1. _____
Address _____	2. _____
City, State, ZIP _____	3. _____
Contact Person _____	Phone # _____

- C.** ATTACH a copy of your course registration and proof of payment.
- D.** Upon completion of the semester at the host school, you must request an official transcript be sent to the Office of Admissions and Records for academic credit towards your degree at WCC. **\*\*Courses taken at the host school will not be counted towards your enrollment for Financial Aid purposes until the official transcript has been evaluated for credit by WCC’s Office of Admissions and Records.**

**CERTIFICATION:** I understand it is my responsibility to provide the Financial Aid Office with all information requested in Steps A - D of this form to receive payment of financial aid at WCC. If the course(s) taken at the host school are not required for my degree at Wayne Community College or do not increase my enrollment status, I will not receive additional financial aid. I understand that failure to complete any of the steps listed above may cause me to be ineligible for payment of financial aid funds.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

RETURN THIS COMPLETED FORM WITH REQUIRED DOCUMENTATION TO:

**Wayne Community College - Financial Aid & Veterans Services - PO Box 8002 - Goldsboro, NC 27533-8002**  
**EMAIL: [wcc-finaid@waynecc.edu](mailto:wcc-finaid@waynecc.edu) | FAX: 919-736-9425**