

 **THIS FORM IS DUE AT THE BEGINNING OF EACH 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 each of the following steps. Incomplete forms or forms turned in without requested documentation will not be processed.

This Consortium Agreement Request is for: **Fall 2020** **Spring 2021** **Summer 2021**

- 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 your course(s) 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 have read and 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. 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 Office - PO Box 8002 - Goldsboro, NC 27533-8002
FAX: 919-736-9425