



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 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 at the beginning of the semester you are requesting the agreement 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 2022** **Spring 2023** **Summer 2023**

- 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 section C, sign, and submit the completed package to WCC Financial Aid & Veterans Services.

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 Financial Aid & Veterans Services with all information requested in Sections 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
FAX: 919-736-9425