



## 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
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**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)**

\_\_\_\_\_  
Signature

Julie Tilson  
Financial Aid Representative

**For the VISITING INSTITUTION**

\_\_\_\_\_  
Signature

Financial Aid Office Authorized Official

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

\_\_\_\_\_  
Title