www.pamlicocc.edu

Telephone (252) 249-1851

Fax (252) 249-2377

Financial Aid Consortium Agreement Instructions

This consortium agreement is to be used by students attempting to receive a degree program from Pamlico Community College that wishes to take coursework at another institution and have those completed credits applied to their program of study at Pamlico Community College.

NOTE:

- * Financial aid will not pay for course obtained outside of the students program of study.
- * Satisfactory Academic Progress (SAP) must be maintained at both institutions.
- * It is the student's responsibility to request and submit an official transcript from the Host school to PCC after the semester has ended.

In order for the attached Financial Aid Consortium Agreement to be processed by the Pamlico Community College Financial Aid Office you must:

- 1. Register for your courses at PCC and the host institution.
- 2. Complete the student section.
- 3. Take the Consortium Agreement to the host intuition. The Financial Aid Administrator there must complete the "Visiting Institution Section".
- 4. Take the consortium agreement to your PCC academic advisor for completion of the "Pamlico Community College Advisor Section".
- 5. Return the Consortium Agreement to the Pamlico Community College Financial Aid Office. You MUST attach the applicable term's proof of registration/fee statement from the host institution.
- 6. To receive Financial Aid for the classes taken at a host institution you must submit an official transcript to the Pamlico Community College Financial Aid Director for proof of completion of the course(s).

Without the registration/fee statement and all three sections complete, the Consortium Agreement will be returned to you unprocessed.



PO Box 185 · Grantsboro, N.C. 28529-0185

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Telephone (252) 249-1851 FINANCIAL AID CONSORTIUM AGREEMENT

Fax (252) 249-2377

| STUDENT SECTION | | | • | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------|-----------------|-------------|
| | | | | |
| NAMELAST | FIRST | | SSN | |
| | TIKST | | | |
| ADDRESSSTREET | | CITY | STATE ZIP | |
| TELEPHONE # | | TERM/Y | EAR | |
| I understand the following: | | | | |
| *I cannot receive financial aid at two schools during the same term. *I need to obtain the approval of my academic adviser for the consortium course(s) *Enrollment in extended term and/or correspondence courses may have an impact on my financial aid. *I will attach a copy of my registration and paid fee statement from the visiting institution to this form. *The consortium course(s), if approved, will be included in measuring Satisfactory Academic Progress at my home institution. *I cannot change my enrollment without notifying the Financial Aid Office at my home institution. *I authorize the Visiting Institution to release my academic transcript to Pamlico Community College. | | | | |
| Student Signature | | | Date | |
| VISTING INSTITUTION SECTION | | | | • |
| Institution Name Credit Hours enrolled (attach a copy of class registration) THE STUDENT WILL NOT RECEIVE FINANCIAL AID AT THIS INSTITUTION. | | | | |
| Signature | | | Date | |
| PAMLICO COMMUNITY COLLEGE ADV | | | | • |
| I have reviewed the coursework the above student plans to take at (other institution) And verify that the coursework is applicable to the student's specific program of study at Pamlico Community College. Academic Advisor Printed Name | | | | |
| Signature of Academic Advisor | | | Data | |
| Signature of Academic Advisor | | | Date | |
| Financial Aid Office Use Only | | | | |
| This Financial Aid Con | sortium Agreement is | Approv | ed Not Approved | |
| Credits at visiting scl | nool Credits | at home school | Total Credits | |
| Financial Aid Signature | | | Dat | e |
| Return to: Financial Aid Office, Pamlico Community College, 5049 Hwy 306 South Grantsboro, NC 28562 | | | | |