



CONSORTIUM AGREEMENT

To Host School:

From Home School:

Susie Johnson
 Financial Aid Director
 South Florida Community College
 600 West College Drive
 Avon Park, FL 33825
 (863) 453-6661 ext.7254

Date: _____

Student: _____ ID#: _____ Term: _____

Home Phone: _____ Cell Phone: _____

This student is seeking a degree or certificate from South Florida Community College (SFCC) and plans to enroll at the Host Institution listed above. This Consortium Agreement will allow SFCC to disburse financial aid based on the student's combined enrollment at both institutions. SFCC is responsible for determining eligibility and awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and federal reporting requirements. After all SFCC charges are paid, SFCC will disburse any excess aid to the student. **The student is responsible for using any refund(s) to pay the charges at the Host Institution.**

The Host Institution agrees to complete this form, to confirm enrollment, **to inform SFCC if the student withdraws from these courses**, and to not give the student any Title IV aid during this enrollment period.

Host School Section:

Enrollment Period: From _____ to _____ **Tuition & Fees:** \$ _____
(month/day/year) (month/day/year) **Books & Supplies:** \$ _____

Last day to drop these courses: _____ **Host School Aid for this term:** \$ _____

Name of Course (OR Attach Schedule)	Course Number	Please Confirm the # of the Enrolled Credits	SFCC ONLY Approved Course? (Y/N)
Total Credits:			

Printed Name _____

Title: _____

Authorized Signature: _____

Date: _____

Fax Number: _____

Telephone Number: _____

Email: _____

South Florida Community College

Susie Johnson

Financial Aid Director

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