Consortium Agreement

The HOME Institution

Piedmont Virginia Community College
Financial Aid Office
501 College Drive
Charlottesville, VA 22902-7589

The HOST Institution

_______________________________
Financial Aid Office Representative

_______________________________
Date: ____________________________

Student Name _____________________________________________
Student ID: _____________________ has received approval from Piedmont Virginia Community College (PVCC), to take course work toward your program of study at the HOST institution during the ______________20_______semester.

THE INSTITUTION LISTED ABOVE AGREES TO THE FOLLOWING:

This student is pursuing a degree or certificate in the _____________________________ curriculum at PVCC. The student may attend the HOST institution as a visiting student, to complete the following class(es) toward their program of study:

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The student is responsible to pay for all tuition and fees for courses at the HOST institution upon registration. ______ (initial)

The student may be considered for federal and/or state financial aid only through PVCC. The PVCC Financial Aid Office will process the applicable student financial aid forms, and award the financial aid for which the student is eligible. If the student is offered private financial assistance by the HOST institution, a copy of the award must be provided to the PVCC Financial Aid Office.

At the end of the semester, the student will submit an official grade transcript of courses completed at the HOST institution to the Registrar’s Office.

If you are eligible for financial aid, disbursement authorization will begin after the add/drop period has passed for all of your classes – no earlier than mid-semester. ______ (initial)

TO BE COMPLETED BY THE HOST INSTITUTION:

Student’s enrollment status at the HOST institution: Enrolled for _____ credit hours. If the student is enrolled in any class(es) other than those listed above, please let them here: _____________________________________________________________________________

SIGNATURES:

The HOME Institution:

Piedmont Virginia Community College

Signature: _____________________________
Financial Aid Office Representative

Date: ________________________________

The HOST Institution:

_______________________________
Financial Aid Office Representative

_______________________________
Date: ____________________________