

## 2023-2024 CONSORTIUM AGREEMENT

Between Brightpoint Community College (as the Home Institution) and the Host Institution (as listed below).

Home Institution	Но	ost Institution				
Brightpoint Community College		llege Name				
Office of Financial Aid 13101 Route 1	Ad	ldress				
Chester, VA 23831						
A. Student Information (to be filled out by the student)						
Last Name	First Name	M.I.				
Student ID Number (EMPLID)	Social Security Number (Last 4 dig	rits) Phone Number				
Term:	□Spring 2024	□Summer 2024				
The Financial Aid Office at	(1	host institution) agrees to enter into a Consortium Agreement				

with the Financial Aid Office at Brightpoint Community College (home institution) for the student and academic period listed above. This student has permission from the home institution to take a course (or courses) at the host institution. Said course/courses will transfer to the home institution to be applied to the student's degree or certificate, as verified on page two of this form by the student's faculty advisor.

The items of agreement are:

- Brightpoint Community College, as the home institution, agrees to process the student's financial aid, including the enrollment status and cost of attendance at the host institution; and
- \_\_\_\_\_, the host institution, agrees not to process any financial aid awards for the student for the academic term indicated above; and
- The above-named student will be responsible for payment to the host institution in accordance with their guidelines and payment policies.

## **B.** Student Portion (to be filled out by the student)

## Instructions/Important Information:

- 1) **Decide** which courses you need to take at the host school.
- 2) Complete the first page of this form.
- Take the form to your advisor for approval of the course(s) as part of your BCC degree/certificate (see page two).
- **4**) Submit this form to the Financial Aid Office after receiving your advisor's approval.

Curriculum (Major)

- BCC Financial Aid Office will process any aid increases after receiving this form from the host school
- 6) Consortium agreements are processed after the add/drop period ends for the semester.

Reason course(s) cannot be taken at BCC

Advisor Name

	1)		4)			
	2)		5)			
	3)		6)			
Respons						
I understand that I am fully responsible for my Host Institution charges (tuition, fees and books).						
Student S	Signature		Date			
C DCC	Advisor Dortion (Students de NOT es	mulate this section				
	Advisor Portion (Students do NOT con					
Upon consulting the student's academic transcript, I find that the course(s) above are fully creditable toward the student's stated degree/certificate goal.						
degree/certificate goal.						
<u> </u>						
Advisor I	Name (Print)		Advisor Signature			
Phone Nu	umber		Date			
	AFTER ITEMS A, B, ANI	O C ARE COMPLETE, I	PLEASE SUBMIT THIS FORM TO THE BCC FIN	VANCIAL AID OFFICE.		
D. Host	Institution Financial Aid Office's Port	ion- Cost of Attenda	ance (Students do NOT complete this sec	tion.)		
Please u	se actual costs after the end of the add	drop period.				
Tuition f	for credits at \$	/aradit hour - \$				
	Total Credit Hours	$/ \text{credit flour} = \phi_{}$	Total Cost			
Fees (if a	any) \$					
Host Inst	itution Financial Aid Office Representative	Name (Print)	Host Institution Financial Aid Office Re	presentative Signature		
11050 11150		(Trune (Truc)		presentative Signature		
	•					
Phone Nu	umber		Date			
		ment Certification (	Date (Students do NOT complete this section.)			
E. Host	Institution Registrar's Portion- Enroll					
<b>E. Host</b> I certify	Institution Registrar's Portion- Enroll that the student involved has registered for	or the course(s) listed	(Students do NOT complete this section.) I in the student portion of this form, for the			
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Name(s) of Courses you plan to take at the Host Institution:

**Credit Hours** 

**Course Name** 

Course Name

**Credit Hours** 

## Home Institution Signature BCC Financial Aid Office Use Only

Credit hours: BCC\_\_\_\_\_ Host Institution\_\_\_\_\_

\_\_\_\_\_Total credit hours for \_\_\_\_\_\_ semester

Brightpoint Community College Financial Aid Administrator Signature

Date

Office of Financial Aid ~ 13101 Route 1, Chester VA 23831 Completed forms can be emailed to <u>financialaid@brightpoint.edu</u>, faxed to 804-594-1630 or submitted in person by visiting the Financial Aid Office. Please Note: Typed signatures are not accepted. You must sign providing written signatures on documents before submission to the office.