



Financial Aid Office

One College Boulevard
Paterson, NJ 07505
973.684.6678 (fax)
FA@pccc.edu (email)
www.PCCC.edu

CONSORTIUM AGREEMENT APPLICATION

Where a Consortium Agreement is in place, a **PCCC** degree-seeking student may take courses at another institution and have those courses count towards their degree at **PCCC**. Your combined credits from both schools count toward your enrollment status at PCCC. The *'host'* institution *is* responsible for certifying the student's enrollment status and the costs for tuition and fees. As the *home* institution, **PCCC** will process, award, and apply financial aid funds to the student's **PCCC** account. It is the *responsibility of the student* to pay the tuition bill at the 'host' institution.

Guidelines for Students Interested in Participating in a Consortium Agreement:

Print Student Name: _____ **SS #:** xxx - xx - _____ **ID #:** _____

I, the above named, agree to all of the following requisites and responsibilities:

- I agree, I must obtain **approval** from the PCCC Registrar's Office & Financial Aid that the courses I intend to take at the "host" institution, **Host School Name:** _____, will accepted as transferable credits.
- I agree that it is my responsibility to immediately inform the Registrar & Financial Aid offices at PCCC if I, for any reason, do not complete the course I have enrolled in.
- I agree, this Consortium Agreement is for only the classes and the period stipulated on page 2 by the 'host' institution.
- I agree it is my sole responsibility to request an official transcript from the 'host' institution in a timely manner. Credits will not be accepted at PCCC without an official transcript.
- I agree that if I fail to complete any of the courses that I enroll in at the 'host' institution that my Financial Aid at PCCC will be recalculated in accordance with my aggregate total enrolled credits, and I am responsible to **pay in full** any resulting balance due to PCCC.
- I understand my Financial Aid through PCCC will be DELAYED because I must first submit to PCCC proof that i am attending the course(s) at the 'host' institution before those credits can be counted toward my enrollment at PCCC.

Signature Agreements:

PCCC Student Signature: _____

Date: ___/___/___

PCCC Financial Aid Advisor: _____

Date: ___/___/___



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Name of Host Institution:	Date: / /
Host Address:	
PCCC Student Name:	SS #: XXX - XX - _____ PCCC ID#: _____
Student Home Address:	

PCCC's FINANCIAL AID CONSORTIUM AGREEMENT WITH 'HOST' INSTITUTION

The above named is a degree seeking student at Passaic County Community College (home school). She/he will be attending your college, *List Host Institution Name:* _____, as a visiting student during the _____ Term of the _____ academic year.

The above listed student may be eligible to use federal financial aid funds, which may include a Pell Grant/Loans to help defray the *Costs of Attendance* during the visiting term. In order to facilitate the financial aid process for this student, PCCC will consider the student enrolled in an eligible program of study, and will award financial aid and be responsible for compliance with established policies including the responsibility for determining refunds and/or repayments resulting from the student's withdrawal from classes. The 'host' institution agrees to provide Passaic County Community College with information on the cost of tuition and fees and to verify the student's enrollment. The student's award will be calculated and disbursed by PCCC, student's home school. The student is responsible for paying the host institution. For the purpose of any NJ state assistance, the student must be charged full-time (12 credits or more), at PCCC (the home school).

The 'host' institution agrees to inform PCCC if the above name student drops or withdrawals from any course during this agreement by email to FA@pccc.edu or by mail to the address listed above. The student is responsible for the bill at the 'host' school.

PLEASE COMPLETE THIS ENTIRE SECTION

Expected Enrollment: _____ # of Credits		Actual Enrollment Status: _____ # of Credits	
Term Begins: ____/____/____		Term Ends: ____/____/____	
F/T: _____ ¾ - Time: _____		P/T: _____ Less Than ½ Time: _____	
COA at Host Institution	Tuition/Fees: \$ _____	Room/Board: \$ _____	Trans.: \$ _____
	Books: \$ _____	Other: \$ _____	Misc.: \$ _____
Financial Aid Admin. from both institutions authorized to administer federal funds must provide their Names & Titles:			
FA Admin. at PCCC Print & Sign:(P) _____		/(S) _____ Date: ____/____/____	
FA Admin. at 'Host' Print & Sign:(P) _____		/(S) _____ Date: ____/____/____	