

CONSORTIUM AGREEMENT

This agreement is requested if you enroll in more than one school during the same semester. Federal financial aid regulations do not allow you to receive financial aid from two schools at the same time. However, if the credits you are earning at the host school are applicable to your degree at your home school (Cape Cod Community College), the financial aid at your home school may be increased.

TO BE COMPLETED BY STUDENT

Date: _____
First Name: _____
Last Name: _____

Student ID: _____
Student Last 4 Digits of SSN: _____

Home Institution: Cape Cod Community College

Host Institution: _____

I will enroll for: _____ Fall Semester _____ Spring Semester _____ Summer Session
Academic Year: _____

Courses to be taken at Host Institution:

Course Number	Course Title	Credit Hours	Start and End Dates

Student's Signature: _____

TO BE COMPLETED BY HOST INSTITUTION'S FINANCIAL AID OFFICE

Cost of Attendance for the Consortium Semester only:

Tuition	\$
Fees	\$
Books	\$
Transportation	\$
Room and Board	\$
Miscellaneous	\$

Certification:

The Host Institution certifies the student has been accepted for enrollment in the course(s) listed above.

Cape Cod Community College agrees to provide payment to this student, if eligible, under Title IV Programs as appropriate for the semester(s) specified on this agreement.

The Host Institution agrees **not** to provide Title IV aid to this student for the semester(s) specified.

The Host Institution will notify Cape Cod Community College if the student does not attend or withdraws from class(es). Satisfactory conclusion of the course(s) will be evidenced by an academic transcript upon written request of the student.

It is the student's responsibility to pay the Host Institution.

SIGNATURES:

Home Institution: Cape Cod Community College

Host Institution: _____

Signature

Signature

Print Name

Print Name

Title

Title

Date

Date

Phone

Phone