

# 2020-2021 CONSORTIUM AGREEMENT

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

Home Institution	Host Institution
John Tyler Community College Office of Financial Aid 13101 Jefferson Davis Highway Chester, VA 23831	College Name Address

**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 digits)	Phone Number
Term <input type="checkbox"/> Fall 2020 <input type="checkbox"/> Spring 2021 <input type="checkbox"/> Summer 2021		

The Financial Aid Office at \_\_\_\_\_ (host institution) agrees to enter into a Consortium Agreement with the Financial Aid Office at John Tyler 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:

- John Tyler 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:**

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1) Decide which courses you need to take at the host school.</li> <li>2) Complete the first page of this form.</li> <li>3) Take the form to your advisor for approval of the course(s) as part of your JTCC degree/certificate (see page two).</li> <li>4) Submit this form to the Financial Aid Office after receiving your advisor's approval.</li> </ol> | <ol style="list-style-type: none"> <li>5) JTCC Financial Aid Office will process any aid increases after receiving this form from the host school</li> <li>6) Consortium agreements are processed after the add/drop period ends for the semester.</li> </ol> |
|--|---|

\_\_\_\_\_  
Curriculum (Major)

\_\_\_\_\_  
Reason course(s) cannot be taken at JTCC

\_\_\_\_\_  
Advisor Name

Name(s) of Courses you plan to take at the Host Institution:			
Course Name	Credit Hours	Course Name	Credit Hours
1)		4)	
2)		5)	
3)		6)	

**Responsibility:**

I understand that I am fully responsible for my Host Institution charges (tuition, fees and books).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**C. JTCC Advisor Portion (Students do NOT complete this section.)**

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Advisor Name (Print)

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date



**AFTER ITEMS A, B, AND C ARE COMPLETE, PLEASE SUBMIT THIS FORM TO THE JTCC FINANCIAL AID OFFICE.**

**D. Host Institution Financial Aid Office's Portion- Cost of Attendance (Students do NOT complete this section.)**

Please use *actual* costs after the end of the add/drop period.

Tuition for \_\_\_\_\_ credits at \$ \_\_\_\_\_ /credit hour = \$ \_\_\_\_\_ .  
Total Credit Hours Total Cost

Fees (if any) \$ \_\_\_\_\_

\_\_\_\_\_  
Host Institution Financial Aid Office Representative Name (Print)

\_\_\_\_\_  
Host Institution Financial Aid Office Representative Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**E. Host Institution Registrar's Portion- Enrollment Certification (Students do NOT complete this section.)**

I certify that the student involved has registered for the course(s) listed in the student portion of this form, for the \_\_\_\_\_  
20\_\_\_\_ semester beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Host Institution Registrar Office Representative Name (Print)

\_\_\_\_\_  
Host Institution Registrar Office Representative Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**Note: Please complete and return to JTCC as soon as possible after the end of the add/drop period.**

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**Home Institution Signature JTCC Financial Aid Office Use Only**

Credit hours: JTCC \_\_\_\_\_ Host Institution \_\_\_\_\_

\_\_\_\_\_ Total credit hours for \_\_\_\_\_ semester

\_\_\_\_\_  
John Tyler Community College Financial Aid Administrator Signature

\_\_\_\_\_  
Date



Office of Financial Aid ~ 13101 Jefferson Davis Highway, Chester VA 23831  
JTCC Support Center 1-855-874-6684

Completed forms can be faxed to 804-594-1630, uploaded using the "Create a Case/Submit Document(s)" feature via  
mysupport.jtcc.edu or you may submit your form in person by visiting the Financial Aid office.

Instructions for "Creating a Case/Submitting Document(s)" can be found here: [Financial Aid Forms](#)

Please Note: Electronic Signatures are not accepted at this time. You must sign all documents before uploading.