



Consortium Agreement

Middletown Campus
173 Skirmisher Lane | Middletown, VA 22645

Fauquier Campus
6480 College Street | Warrenton, VA 20187

Phone: 540-868-7130 | Fax: 540-868-7274
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In accordance with sections 600.9 and 690.9 of the Title IV Student Financial Aid Program regulations and Volume 2, Chapter 7, of the *Federal Student Aid Handbook*, Laurel Ridge Community College hereby enters into a consortium agreement for the designated term. This agreement will apply to all Title IV Student Financial Aid programs.

Laurel Ridge CC will be the designated Home Institution; the Host Institution will be: _____.

1. Laurel Ridge CC, as the Home Institution, agrees to determine eligibility and provide financial aid to the designated student based on the eligible combined credits from both the Home and Host Institutions as student eligibility and Laurel Ridge CC awarding procedures indicate for the specified term. Excess aid will be disbursed to the student; the student must pay the Host Institution. With the assistance of the Host Institution, Laurel Ridge CC will determine academic progress.
2. The above-stated Host Institution agrees NOT to provide payments from any Federal Title IV programs for the term specified and further agrees to notify Laurel Ridge CC's financial aid office if the student received any type of financial assistance for attendance at the Host Institution. Should the student's enrollment/attendance status change from the information submitted on this form, the Host Institution will promptly notify the College Financial Aid Office at Laurel Ridge CC. The Host Institution agrees to share end-of-term information to assist Laurel Ridge CC in calculating academic progress at Laurel Ridge CC.

Student Information:

Student's Name: _____ Laurel Ridge CC School ID: _____ Host School ID: _____

Check the appropriate box(es) and write in the year (i.e. Fall of 20XX) that this consortium agreement pertains to:

Fall of 20____ Spring of 20____ Summer of 20____

Classes Registered at Host Institution:

Course Number	Course Title	Number of Credits	Tuition & Fees for Course

I request that the two schools indicated herein share all necessary information regarding my enrollment at both schools in order that my financial assistance can be based on combined enrollment. My degree/certificate at Laurel Ridge CC is: _____

Signature: _____ Date: _____

Student's Academic Advisor at Laurel Ridge CC:

Of the credits listed above, please indicate the number of credits that are required by the student's program of study at Laurel Ridge CC or that will fill unmet required electives in the student's program of study at Laurel Ridge CC: _____. If not all will apply, please indicate which courses will be accepted as part of the student's program of study: _____

Signature: _____ Date: _____

Printed Name/Title: _____ Email/Phone: _____

Host Institution Information:

Period of Enrollment: _____ to _____ Credits are: Semester hours Quarter hours

Anticipated Aid at Host Institution: _____

Signature: _____ Date: _____

Printed Name/Title: _____ Email/Phone: _____

Please complete and return to the Laurel Ridge CC Financial Aid Office as soon as possible after the end of the add/drop period.

Laurel Ridge CC FAO Use Only:

_____ Credit hours at Laurel Ridge CC
 + _____ Credit hours at Host Institution
 _____ Total credit hours for _____ Semester

FAO Staff Initials: _____

Date Processed: _____