

NIAGARA COUNTY COMMUNITY COLLEGE

Financial Aid Office * 3111 Saunders Settlement Road, Sanborn, NY 14132 * Phone (716) 614-6266 * Fax (716) 614-6820

CONSORTIUM AGREEMENT

As allowed in Part 668.19, Student Assistance General Provisions, and Part 690.9, Pell Grant Program, Code of Federal Regulations, this Consortium Agreement is entered into between Niagara County Community College (NCCC, the Home Institution) and _____ (the Host Institution) for the purpose of providing federal financial assistance from NCCC for the student to attend another college and transfer the credits back to NCCC. Please note these credits must satisfy degree requirements not yet completed or we cannot consider your request. The maximum allowable transfer credit is 50% of the degree/certificate program.

Complete the following information, obtain advisor signature and submit form to the Host Institution.

STUDENT NAME: _____ SSN or ID#: _____

HOST INSTITUTION: _____ SEMESTER: Fall Spring Summer YEAR: _____

Please list the course(s) for which you wish to enroll in at this Host Institution:

COURSE (i.e. MAT 260): _____ TITLE _____ CR HR _____

COURSE (i.e. MAT 260): _____ TITLE _____ CR HR _____

TO BE COMPLETED BY ACADEMIC ADVISOR

Is the above course(s) or an equivalent offered at NCCC? Yes No
 If yes, why is the student unable to take the course(s) or equivalents at NCCC?

Has the student already taken the above course(s) or equivalent; in other words, is he/she repeating the course? Yes No
 If yes, which one(s)? _____

As an Academic Advisor, the above course(s) will transfer into our current degree program upon satisfactory completion and will satisfy degree requirements.
 Approve Disapprove

Advisor signature _____ Print name _____ Date: _____

I understand that if this request is granted:

- I will need to have the Host Institution complete and return this Consortium Agreement to the Financial Aid Office at NCCC.
- I must request the Host Institution to send an official transcript, including the final grade, to NCCC for the above listed course(s) no later than two weeks after completing the course(s).
- **I accept responsibility to make arrangement for payment of tuition, fees and books at the Host Institution.**
- Should I become ineligible for sufficient financial aid to cover the charges at either college, I am liable for all outstanding charges.

Failure to comply with all of these statements will result in the cancellation of financial aid at NCCC.

Student Signature: _____ Date: _____

TO BE COMPLETED BY HOST INSTITUTION

Institutional costs for the consortium period (tuition, fees, room and board)	\$ _____
Portion of above that is tuition only	\$ _____
Number of credits registered	_____
Period of enrollment	Start Date ____/____/____ End Date ____/____/____

CERTIFICATION:

- I. The Host Institution certifies that the above student is enrolled for the period of attendance and courses as indicated.
- II. The Host Institution agrees that it will not pay the student a Pell grant and/or any campus-based funds and that it will not certify a Stafford student loan during the period of attendance as indicated above.
- III. The Host Institution agrees that if aware it will inform NCCC if student withdraws before the end of the enrollment period.
- IV. NCCC agrees to accept the credits earned at the Host Institution with appropriate passing grade(s).
- V. NCCC agrees to provide payment to student, if eligible, under the programs listed above for the appropriate period of time.
- VI. NCCC agrees to monitor the student's program pursuit and satisfactory academic progress and to be responsible for disbursing funds to the student, and for administering the appropriate refund policy. It is the student's responsibility to pay any charges at the Host Institution.

NCCC signature (FAO) _____ Date _____ Host Institution signature _____ Date _____

White - FAO

Yellow-Records

Pink-Student