

Consortium Agreement

Home School: Virginia Peninsula Comm. College Host School:					
 Send form to host school It's the student's response required signatures are required signatures. FOLLOW UP with host so submitted to VPCC befor Academic Calendar. Check with Virginia Penir 	or for approval of course(s) as part I financial aid office for appropriat sibility to ensure that all sections of eceived. The chool. Ensure they certify as soon the the last day to drop and receive	of Virginia Peninsula's degree/cert e signatures. If the consortium agreement are co as possible after drop/add period. a refund for the semester, as iden two (2) weeks after drop/add. We	ompleted and all This form must be tified on the		
Student Name:		VPCC Student ID#:	VPCC Student ID#: Host Student ID#:		
Fall In signing this agreement I, the	Spring ne student, request that both school	Summer Summer Is entering into this Consortium Agr so that my financial assistance can	greement shall all		
Student's Signature:		Date:			
	ted By VPCC (home school) A at are being completed at the host	•	e student's approved # of Cr/Qtr Hrs.		
Academic Advisor Signatur	e:	Date:			
Print Name & Title of Advisor:					
Email/Phone:					

Section 3. To Be Completed By Host School - REQUIRED

Semester Hours

Select one:

Virginia Peninsula Community College and the Host School listed in section 1 are hereby entering into a Consortium Agreement. The Host School agrees to the following:

- The Host School will not provide payments from any Federal Title IV programs for the terms specified.
- The Host School will notify Virginia Peninsula Community College's financial aid office if the student receives any type of financial assistance for attendance at the Host School.
- The Host School will notify Virginia Peninsula Community College in a prompt manner should the student's enrollment status change from the information submitted on this form.

Host School Registered Classes

Credit Hours

Course #	Course Title	# of Cr/Qtr Hrs	Course Fees	Course Tuition

Totals

Anticipated Aid at Host School: \$	Source of Funds:
Host School Official's Signature:	Date:
Print Name & Title of Official:	
Email/Phone:	

Submit this completed Consortium Agreement in person to the Financial Aid office (Hampton Campus, Kecoughtan Hall, room 209 / Historic Triangle campus, room 117A)

-or-

you may scan and email to financialaid@vpcc.edu or fax to (757) 825-3537.