



2024-2025 CONSORTIUM AGREEMENT

Student Name: \_\_\_\_\_ ECC ID: \_\_\_\_\_

Host Institution: \_\_\_\_\_ Term: \_\_\_\_\_

I hereby authorize the Host Institution listed above to release financial and academic information to Edgecombe Community College (ECC) for the purposes of determining financial aid eligibility.

Student Signature

Date

The student listed above is seeking a degree, diploma or certificate from Edgecombe Community College (ECC) and plans to enroll at the Host Institution listed above during the 2019-20 academic year. This Consortium Agreement will allow ECC to disburse financial aid based on the student's combined enrollment at both institutions. ECC is responsible for determining eligibility and awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and federal reporting requirements. After all ECC charges are paid, ECC will disburse any excess aid to the student. The student is responsible for charges at the Host Institution.

The Host Institution agrees to complete this form, confirm enrollment, inform ECC if the student withdraws from these courses, send ECC an official transcript at the end of the semester, and not award/offer the student any Title IV grant aid during this enrollment period. If the student wishes to receive Federal loans at both the home and host institutions, documentation of non-institutional costs must be provided to ECC.

Host School Section:

Enrollment Period: From month \_\_\_\_ day \_\_\_\_ year \_\_\_\_ Tuition and Fees: \$ \_\_\_\_\_

To month \_\_\_\_ day \_\_\_\_ year \_\_\_\_ Books and Supplies: \$ \_\_\_\_\_

Last day to drop these courses: \_\_\_\_\_ Host School Aid for this term: \_\_\_\_\_

List Course Information OR Attach Schedule

Table with 3 columns: Name of Course, Course Number, Please Confirm Number of Credits Enrolled. Includes a Total Credits = row.

HOST INSTITUTION

EDGECOMBE COMMUNITY COLLEGE

Printed Name: \_\_\_\_\_
Title: \_\_\_\_\_
Signature: \_\_\_\_\_
Date: \_\_\_\_\_
Telephone or Email: \_\_\_\_\_
Fax: \_\_\_\_\_

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