

# CFCC Office of Student Financial Aid Consortium Agreement

Between

Cape Fear Community College
(Home School)

and

(Host Institution)

The Home School and the Host School listed above are hereby entering into a consortium agreement.

Section I – To be completed by Student			
Student's Name:	CFCC Student ID:		
	Social Security Number:		
Consortium Period:	<input type="checkbox"/> Fall ____	<input type="checkbox"/> Spring ____	<input type="checkbox"/> Summer ____
Section II – To be completed by Cape Fear Community College's Financial Aid Office			
<b>Under this agreement Cape Fear Community College agrees to:</b>			
<ol style="list-style-type: none"> <li>1. Calculate eligibility for Title IV federal, state, and institutional financial aid.</li> <li>2. Disburse financial aid to student.</li> </ol>			
Cape Fear Community College Financial Aid Officer's Signature:			
Printed Name & Title: Rachel Cavanaugh, Director	Date:		
Email Address: <a href="mailto:rcavanaugh@cfcc.edu">rcavanaugh@cfcc.edu</a>	Telephone: 910-362-7317		
	Fax Number: 910-362-7632		
Section III – to be completed by the Host Institution's Financial Aid Office			
<b>Under this agreement, the Host Institution agrees to:</b>			
<ol style="list-style-type: none"> <li>1. Not provide any Title IV federal financial aid to student.</li> <li>2. Not provide other financial aid to the student without the home institution's approval.</li> <li>3. Notify the home institution if the student withdraws from the host institution.</li> <li>4. Provide the home institution with requested information - including information about enrollment periods and costs.</li> <li>5. Certify that the student is enrolled for the time period specified in the agreement.</li> </ol>			
Enrollment Period:	From: _____	To: _____	
List the individual course(s) and semester credit hours the student is registered for during the above enrollment period:			
	Course(s)	Credits	
	Course(s)	Credits	
	Course(s)	Credits	
Tuition:		Books & Supplies:	
Mandatory Fees:		Other (specify):	
Room & Board:		Other (specify):	
Host Institution's Financial Aid Officer's Signature:			
Printed Name & Title:		Date:	
Email Address:		Telephone:	
		Fax Number:	
Cape Fear Community College Financial Aid Office 411 North Front Street Wilmington, NC 28401-3910		Comments:	

**Note: Students must also submit a completed CFCC "Application to Take Courses at Another Institution."**