



Consortium Agreement

2024-2025 Academic Year

This is an agreement between South Piedmont Community College (Home Institution)

and _____, that covers the enrollment of
(Host Institution)

Student's name (please print)

SSN #

for the _____ Fall _____ Spring _____ Summer semester of the 2024/2025 academic year.

The student is registered for _____ credit hours at _____.
(Host Institution)

South Piedmont Community College will be responsible for determining eligibility, packaging and disbursing Title IV financial aid for this student during the above referenced academic period. SPCC will apply its own refund policy regarding Title IV funds in the event the student withdraws from school or drops class hours. The Host Institution agrees to notify the South Piedmont Community College Office of Financial Aid and Veterans Affairs in writing of any change in the student's enrollment. Notification must include the student's withdrawal date and last date of attendance for R2T4 purposes.

SPCC Financial Aid Representative

Date

Host Institution Financial Aid Representative

Date

PLEASE ATTACH A COPY OF REGISTRATION FORM FROM HOST INSTITUTION

To be completed by student

Print Name: _____ Student ID: _____

Address: _____ Phone Number: _____

City, State, Zip Code: _____ E-mail: _____

Under this consortium agreement, the student will:

1. Be enrolled in a degree, certificate, or other eligible program at South Piedmont Community College, the Home Institution.
2. Maintain Satisfactory Academic Progress.
3. Notify South Piedmont Community College's Office of Financial Aid if they do not begin attendance in the course listed and approved in this consortium agreement.
4. Immediately inform South Piedmont Community College and the Host Institution of any change in enrollment status, including withdrawing from any courses or substitution of approved courses.
5. File a FAFSA and complete the required financial aid process prior to all applicable deadlines.
6. Pay tuition, fees, and other expenses as charged by the Host Institution.

By signing, I agree to the above listed terms and conditions of this agreement.

Student's Signature (Required)

Date

To be completed by SPCC Financial Aid Office

Consortium Semester: _____ Current Degree Program: _____

SPCC Credit Hours: _____ Host Credit Hours: _____

Total Credit Hours: _____ Currently making SAP: Yes /No