



FINANCIAL SERVICES CENTER CONSORTIUM AGREEMENT

Use this form if you are seeking a degree or certificate from Lorain County Community College and are simultaneously enrolled at another institution. This Consortium Agreement can be processed once you have confirmed enrollment at LCCC and the visiting college, and those courses are approved for your degree/certificate program. LCCC will disburse financial aid based on your combined enrollment.

LCCC will determine your eligibility for financial aid, disburse aid, monitor your satisfactory academic progress and attendance, maintain records regarding your financial aid, and report information regarding your enrollment and financial aid as required.

Disbursements: LCCC will disburse financial aid for which you are eligible (enrollment and attendance must be verified prior to disbursement). After LCCC charges are paid, LCCC will provide a refund to you for any excess aid. **It is your responsibility for using any refunds(s) to pay the charges at the visited school. Please contact your “host school” regarding their payment deadlines.**

INSTRUCTIONS FOR THE STUDENT

1. Complete the Free Application for Federal Student Aid (FAFSA) with LCCC School code (003068) online at <https://fafsa.ed.gov/>
2. Complete the Student Information Section of this agreement.
3. Send this form to the financial aid office at the Host institution and request that the form be completed and returned to LCCC’s Financial Services.
4. Respond immediately to any additional requests for information from LCCC.

STUDENT INFORMATION

Name: _____ LCCC ID: _____
Home Address: _____
Phone: _____ E-mail: _____
Name of Visited School _____ Term of Enrollment: _____

I give Lorain County Community College and the visited school permission to share information about me concerning enrollment, academic status, fees, grades, attendance, and financial aid necessary to execute this agreement.

Student’s Signature: _____ Date: _____

**Return Completed form to: Lorain County Community College – Financial Services Center
1005 Abbe Road North, Elyria, Ohio 44035 1-800-995-5222 Ext. 4034, Fax: 440-366-4634**

CONCURRENTLY ENROLLED STUDENT POLICY

The office of Financial Aid will process a LCCC student's Federal, State and institutional financial aid when the student is concurrently enrolled at another eligible institution, provided the student is meeting LCCC's standards of Satisfactory Academic Progress and all other eligibility requirements.

Lorain County Community College agrees to calculate the student's eligibility for financial aid based on LCCC's student expense budget, enrollment status (at LCCC and the other school combined), and total actual amount of fees charged at both institutions. LCCC will also disburse all financial aid funds for which the student is eligible, process any refunds to the student, and make any repayments to the Federal Aid program in the event of the student's withdrawal from classes. LCCC will monitor the student's Satisfactory Academic Progress and maintain student financial aid records.

Host Institution

Cost of Attendance at Host Institution

Tuition and Fees: _____
Books & Supplies: _____
Transportation: _____
Personal: _____
Room & Board: _____
Total: _____

Enrollment Status at Host Institution

Quarters/Semesters (circle one)
Term begins: _____ Term ends: _____
Credit Hours Enrolled: _____

Approved Financial Aid:

Type:	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

Host institution agrees to:

1. Complete and sign agreement form, then fax/email to Lorain County Community College.
2. Withhold from awarding any US Federal or State financial aid to the student during the term listed.
3. Verify the student is registered for the approved courses listed in Section II of this agreement
4. Notify LCCC immediately, and supply the effective date(s), if the student withdrawals or drops any hours reported in Section II of this agreement
5. Provide LCCC information regarding admissions, registration, billing, academics, grades, and financial aid with LCCC, when necessary to complete the terms of this Consortium/Contractual Agreement, and remain in compliance with Title IV regulations relating to federal financial aid. . This includes failure to establish attendance.
6. Keep a copy of the completed agreement on file at their institution.

Host Institution Name

Address

City/State/Zip

Email address

(_____) _____
Telephone

Date signed

Signature of Financial Aid Administrator

Printed Name and Title

Home institution (LCCC) agrees to:

1. Grant the student's degree and will determine, award, and disburse the student's Title IV federal and state aid.
2. Calculate any refunds and/or repayments required to be returned to either the federal and/or state program resulting from either the student's complete withdrawal or a reduction in course load.
3. Monitor Satisfactory Academic Progress and all eligibility requirements.
4. Keep this agreement on file and all records regarding student's eligibility and receipt of financial aid.
5. Use course(s) taken at both schools when determining the student's enrollment status and cost of attendance.

LCCC Financial Aid Representative:

Signature: _____ Phone: _____

Title: _____ Date _____