ALEXANDRIA TECHNICAL & COMMUNITY COLLEGE

CONSORTIUM AGREEMENT

INSTRUCTIONS FOR THE STUDENT:

1. Complete the student information section (Section I).
2. Have Alexandria Technical and Community College's Registrar complete Section II.
3. Submit this form to the financial aid office at the visited institution and request that the form be completed (reverse side) and mailed to Alexandria Technical and Community College's Financial Aid Office.
4. Respond immediately to any additional information requests from Alexandria Technical and Community College's Financial Aid Office.
5. Provide Alexandria Technical and Community College's registrar with a grade transcript from the visited college after completion of the term covered by this consortium agreement.

SECTION I. STUDENT INFORMATION:

Name: _____ Social Security Number: _____

Permanent Address: _____

I plan to enroll at _____ (visited college) for the following term: _____

Class title	# of credits
_____	_____
_____	_____
_____	_____

You must attach a copy of your class registration.

I give Alexandria Technical and Community College and the visited college permission to share appropriate information
Concerning enrollment, academic status, cost, and financial aid information necessary to execute this agreement.

Student Signature: _____ Date: _____

SECTION II. REGISTRAR'S APPROVAL (To be completed by Alexandria Technical and Community College Registrar)

I have reviewed the coursework the above named student plans to take at _____ (visited college) and affirm that the coursework is applicable to the student's program of study at Alex Tech.

Signature: _____ Date: _____

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- The visited college will promptly notify the Financial Aid Office at Alexandria Technical and Community College if the student withdraws from any coursework or withdraws completely. Such notice will include the last date of attendance.

AUTHORIZED SIGNATURES:

FINANCIAL AID ADMINISTRATORS AT BOTH COLLEGES MUST COMPLETE THEIR SECTIONS.

VISITED COLLEGE:

Credit hours enrolled (attach copy of class registration): _____ Total tuition and fees: $_____

(Circle one) Quarter Semester Term dates:_____ to _____

Do you want a copy of this agreement when it is completed? _____ Yes _____ No

_____	_____
College	Signature
_____	_____
Address	Printed Name
_____	_____
City, State, Zip	Title
_____	_____
Telephone e-mail	Date signed

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