



## FINANCIAL AID CONSORTIUM AGREEMENT

BETWEEN

<b>North Carolina Wesleyan College</b> <small>(Home School)</small>	and	 <small>(Host Institution)</small>
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The Home School and the Host School listed above are hereby entering into a Consortium Agreement.

<b>Section I – To be completed by North Carolina Wesleyan College’s Office of Student Financial Aid</b>			
Student’s Name:		NCWC ID:	
Consortium Period (check all that apply): <input type="checkbox"/> Fall ____ <input type="checkbox"/> Spring ____ <input type="checkbox"/> Summer ____			
<b>Section II – To be completed by North Carolina Wesleyan College’s Office of Student Financial Aid</b>			
Under this agreement North Carolina Wesleyan College’s Office of Student Financial Aid agrees to determine the student’s financial aid eligibility based on the cost of attendance at the host institution; maintain all financial aid records in accordance with federal, state, and/or institutional regulations; and provide payment to the above named student, if eligible.			
NCWC Financial Aid Administrator’s Signature:			
Printed Name & Title:		Date:	
E-mail Address:		Telephone:	
<b>Section III – To be completed by the Host Institution’s Financial Aid Office</b>			
Under this agreement the Host Institution agrees that the student listed above has been accepted for enrollment for the time period specified in this agreement; to provide North Carolina Wesleyan College with requested information including information about enrollment periods and costs; to notify North Carolina Wesleyan College if the student withdraws from the program or drops below the number of credit hours specified below; and withhold processing of any payments for federal, state, and/or institutional aid for the term/period of enrollment listed below.			
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
Tuition & Fees:		Books & Supplies :	
Room & Board:		Other (specify):	
Host Institution’s Financial Aid Officer’s Signature:			
Printed Name & Title:		Date:	
E-mail Address:		Telephone:	
Fax Number:			
		Office of Financial Aid North Carolina Wesleyan College 3400 N. Wesleyan Blvd Rocky Mount, NC 27804 Phone: 252-985-5290 Fax: 252-985-5109	