

Financial Aid Consortium Agreement

St Johns River Community College (Home Institution), and _____

(Host Institution), are entering into a consortium agreement for (Name): _____

Student ID Number: _____. This agreement is for the _____ semester, with a start date of _____ and an end date of _____.

SJRCC COURSES (must be taking at least one course at SJRCC):

COURSE NUMBER	# CREDIT HOURS	PREFIX	TITLE/DESCRIPTION
1.			
2.			
3.			

HOST SCHOOL COURSES:

COURSE NUMBER	# CREDIT HOURS	PREFIX	TITLE/DESCRIPTION
1.			
2.			
3.			

Financial Aid Program(s): ___ Florida Bright Futures and/or ___ Other Financial Aid

HOST INSTITUTION: Tuition Cost per Credit Hour: _____.

Total Tuition and Fees _____.

Certification

1. The student listed above is enrolled as a degree-seeking student at St. Johns River Community College and will be taking classes at the above listed "HOST" school.
2. SJRCC will award financial aid to the student and will be responsible for determining refunds or repayments resulting from the student withdrawing from classes.
3. The "HOST" agrees to notify SJRCC if he/she ceases enrollment prior to the end of the term indicated above. Agreement to the above is acknowledged by the undersigned.

Financial Aid Office—HOST

Date

Registrar-Host

Date

Financial Aid Office—SJRCC

Date