Seminole Community College

A Diverse Learning Community | An Equal Access/Equal Opportunity College

Consortium Agreement Form 2009-2010

Student ID #: _____ Social Security #: ___ – ___ – ____

Student Information

_____

Last name First name M.I.

Are you a student on the SCC-UCF Concurrent RN Nursing Program ? Yes _____ No _____

If you answered Yes to the above question, you need to use the Consortium Agreement form for Concurrent Students.

This agreement is for (choose only one term, a separate agreement is required for each term you will be transient):

Fall ____ Spring ____ Summer _____ Academic Year _____

- You must be a degree seeking student at SCC and meet all of the eligibility requirements for approval for transient study, as determined by the Office of Registrar.
- You are responsible for paying tuition and fees to the Host Institution prior to receipt my financial aid at SCC.
- You may be required to repay certain financial aid awards should you drop, no show, or withdraw from any class after financial aid disbursement.
- You will need to provide your transcript to the Registrar's Office at the end of the Spring term, if you are a Bright Futures or FSAG recipient.
- You must attach a Transient Student Form from **www.facts.org>College Students>Transient Student Form.**

Students are responsible for submitting official transcripts to the SCC Registrar for all coursework taken at other institutions. This must be submitted to SCC within 30 days after the end of the term. This may affect your eligibility for financial aid.

_____ _____

Student Signature Date

Host Institution Information & Statement of Agreement by SCC and Host Institution:

Cost Per Credit Hour: $_____ Total Credit Hours Enrolled: _____

Course ID: _____ Course Title: _____

Actual Dollar Value for Bright Futures: _____

It is agreed by both institutions that only SCC will award and process eligible Federal and/or State Financial Aid Programs. The Host Institution agrees to notify SCC of any changes to this student's enrollment. It is agreed that only SCC will be responsible for monitoring the student's satisfactory academic progress. It is understood that the student is responsible for payment of fees owed to the Host Institution.

Home Institution:

Seminole Community College
Student Financial Resources

_____ _____

SCC Financial Aid Authorized Signature **Date**

Phone: 407.708.4722 extension_____

Fax: _____

Host Institution:

_____

_____ _____

Financial Aid Authorized Signature **Date**

Phone: _____

Fax: _____

Return completed and signed form to STUDENT FINANCIAL RESOURCES
Seminole Community College
100 Weldon Blvd, Sanford, Florida 32773 | Phone: 407.708.2045 | Fax: 407.708.2323