<u>H</u>OLYOKE <u>C</u>OMMUNITY <u>C</u>OLLEGE

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303 Homestead Avenue Holyoke, MA 01040 413.538.7000 Financial Aid Office Phone: (413) 552-2150

Fax: (413) 552-2192

Consortium Agreement Information

At Holyoke Community College, we want to make sure that everyone has an equal chance to go to college, no matter who they are. We know that getting money to pay for college is important, so we promise to be fair when we give out financial aid. We also want to make sure that trans and gender-expansive students don't face any barriers in accessing financial aid. If you have questions or concerns about this, you can talk to the financial aid office.

This consortium agreement is a binding agreement between eligible schools which enables a student to receive financial aid from Holyoke Community College while being enrolled as a visiting student at another school. **HCC** is considered your home school and the visiting school is referred to as the host school. The host school must be an approved Title IV school; meaning they have a federal Title IV school code and can process federal financial aid. School eligibility can be verified online at https://fafsa.ed.gov/FAFSA/app/schoolSearch.

Students *may* be eligible to receive financial aid for courses taken at another college under certain limited circumstances. They may request that the HCC Financial Aid Office review the need to include an outside course in the determination of their financial aid eligibility at Holyoke Community College.

Examples of acceptable circumstances for a consortium agreement to be granted include, but are not limited to; a required course for degree completion not being offered at HCC, or a required course not being offered in the format necessary for student success.

Instructions

- 1. A student must submit a type-written request explaining the necessity of taking a course at another college and attach the statement to this form.
- 2. The request will be evaluated by the Financial Aid Office and a decision will be made as to whether or not the request will be approved.
- 3. The student must complete and sign Section I and have Section II signed by the Student Records Office. The course must be approved by the Student Records Office as acceptable transfer credit before submitting the form to the Financial Aid Office.
- 4. Proof of enrollment at the Host School must be submitted with the Consortium Agreement request. Examples include a course schedule or billing statement for the applicable semester.

- 5. Once the consortium agreement and type-written request have been reviewed by the Financial Aid Office the student will be sent notification of the decision to their HCC email account.
- 6. If the request is approved the Financial Aid Office will forward the consortium agreement to the Host school for completion.
- 7. It is the responsibility of the student to pay required tuition and fees at the Host school and will be reimbursed (to the extent of the student's eligibility) by Holyoke Community College when the student's financial aid is awarded and disbursed.

Consortium Agreement Request Form

Section I: Student Information- To be completed by the student

Studen	nt Name:	Student ID#:	
Last 4	digits of SSN: XXX-XX	Date of Birth:	
HCC Email Address:		Enrollment Period:	
Under	this consortium agreement, the student will:		
2. 3. 4. 5. 6. 7.	Maintain satisfactory academic progress. Take courses at the Host School which are transferable to by the HCC Student Records Office. Notify the HCC Financial Aid Office if he or she does not approved in this consortium agreement. Immediately inform the HCC and the Host school Financia status, including withdrawing from all courses or substitute Ensure that the Host School provides HCC with a HC	to graduation, course not offered at HCC in the Community College. his or her HCC degree or certificate as certified begin attendance in the courses listed and al Aid Offices of any change in enrollment ion of approved courses. hool academic transcript upon completion of tess prior to all applicable deadlines.	
	ing here I authorize the exchange of information necessary for the admini		
Studen	nt's Signature:	Date:	

Home School: Holyoke Community College	
Host School:	
Section II– To be completed by the HCC Student Records O	<u>ffice</u>
List the approved course(s) that the student is taking at the Host academic program at Holyoke Community College:	School which are applicable to his or her
Course Name:	Course Credits:
Course Name:	Course Credits:
Course Name:	Course Credits:
 Certifies the student is enrolled in a degree or certificate List degree or certificate: Agrees to accept the coursework listed above toward the listed above. 	at HCC.
HCC Student Records Office Signature:	
Printed Name:	Date:

Section III – To be completed by Holyoke Community College financial aid officer

Under this consortium agreement, Holyoke Community College:

- 1. Agrees to process the student's Title IV financial aid application and provide payment of Title IV funds (if eligible) as appropriate for the consortium period.
- 2. Certifies the student is making satisfactory academic progress toward the completion of his or her degree or certificate at Holyoke Community College.
- 3. Will conduct Enrollment Reporting to the National Student Loan Data System (NSLDS).
- 4. Will calculate returns of Title IV funds, when appropriate.
- 5. Will maintain Title IV recordkeeping and reporting requirements.

HCC Financial Aid Officer's Signature:_	
Printed Name:	Date:
Email Address:	Telephone:
Section IV – To be completed by the H	lost School financial aid officer
Enrollment period dates: From:	To:
Cost of Attendance:	
Tuition & fees: \$	
Books & supplies: \$	
Transportation: \$	
Miscellaneous: \$	
Under this consortium agreement, the	Host School:
 Will provide Holyoke Communi School. Agrees to notify Holyoke Comm withdraws from, the Host School 	al aid for the coursework during the stated period of enrollment. ty College with documentation of the student's enrollment at the Host nunity College if the student fails to enroll in, begin attendance in, or I (including the withdrawal date and other relevant information). ty College with a Host School academic transcript upon completion of
Host School Financial Aid Officer's Sign	nature:
Printed Name:	
Title:	Date:
Email Address:	Telephone: