

## 2023-24 Consortium Agreement

Student Name \_\_\_\_\_

LCCC Student ID \_\_\_\_\_

Student Signature \_\_\_\_\_

This AGREEMENT, made between Lehigh Carbon Community College, Schnecksville, Pennsylvania, hereinafter known as the "HOME INSTITUTION" and \_\_\_\_\_ here in after known as the "HOST INSTITUTION" provides documentation of cross-registration for the purpose of establishing eligibility for financial aid for the student referenced above.

The HOST INSTITUTION hereby agrees to accept the registration of the STUDENT subject to its published policies and regulations for the following courses as a non-degree seeking candidate who intends to transfer the credits earned to the HOME INSTITUTION. The HOST INSTITUTION also agrees to monitor attendance and enrollment in the following courses in accordance with this agreement and Title IV regulations.

Semester: \_\_\_\_\_

**NON LCCC COURSE(S)****LCCC COURSE EQUIVALENT**

COURSE NO.	TITLE	CR.	COURSE NO.	TITLE	CR.
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**THE HOME INSTITUTION HEREBY AGREES TO ACCEPT, AS A TRANSFER CREDIT SUBJECT TO ITS PUBLISHED POLICIES AND REGULATIONS, THE ABOVE LISTED COURSE(S) AND APPLY THE COURSE(S) TO THE DEGREE REQUIREMENTS OF THE STUDENT.**

**THE STUDENT SHALL BE RESPONSIBLE FOR PROPERLY REGISTERING AT THE HOST INSTITUTION AND FOR PAYMENT OF ALL CHARGES AND FEES INCURRED AT THE HOST INSTITUTION AND SHALL BE SUBJECT TO ALL ACADEMIC AND ADMINISTRATIVE REGULATIONS SET FORTH BY THE HOST INSTITUTION.**

**THE STUDENT SHALL BE RESPONSIBLE FOR REQUESTING THAT A PROPERLY CERTIFIED TRANSCRIPT OF ACADEMIC CREDIT FROM THE HOST INSTITUTION BE SENT TO THE HOME INSTITUTION WITHIN 30 DAYS OF THE CONCLUSION OF THE SEMESTER INDICATED ABOVE.**

This agreement shall terminate at the conclusion of the semester indicated above.

HOME INSTITUTION:

HOST INSTITUTION:

\_\_\_\_\_  
Signature of LCCC Academic Advisor/Date\_\_\_\_\_  
Signature of Financial Aid Office Administrator/Date

## To be completed by the Financial Aid Office at the Host School

### Host School Information

Name of School/Program: \_\_\_\_\_

Address: \_\_\_\_\_

Enrollment Period: \_\_\_\_\_ to \_\_\_\_\_

### Cost of Attendance:

Tuition and fees \$ \_\_\_\_\_

Room and Board \$ \_\_\_\_\_

Books and Supplies \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

Personal/Misc. \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

### Registered Credits:

Fall \_\_\_\_\_

Spring \_\_\_\_\_

Summer \_\_\_\_\_

## CERTIFICATION

- A. The Host School certifies that the student has been accepted for enrollment in the program listed above.
- B. The Host School agrees not to pay the student Pell Grant and/or campus-based funds or process a Stafford Loan during the enrollment period listed above. Further, the Host School agrees to notify the Home School if the student withdraws from the program before its conclusion. Satisfactory conclusion of the program will be evidenced by an academic transcript upon written request of the student.
- C. The Home School agrees to provide payment to the student, if eligible, for the appropriate period of time. Payment will be made in such a manner as agreed to between the Home School and the student. It is the student's responsibility to pay the Host School.

Host School:

\_\_\_\_\_  
Financial Aid Administrator Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date Phone Number

\_\_\_\_\_  
Title

Return this form to:

Financial Aid Office  
Lehigh Carbon Community College  
4525 Education Park Drive  
Schnecksville, PA 18078-2598  
Email: [finaid@mymail.lccc.edu](mailto:finaid@mymail.lccc.edu)  
Fax: 610-799-1798