



2023-2024 Consortium Agreement

Student Name: _____ CVCC Student ID: _____

Host Institution: _____ Term: _____

I hereby authorize the Host Institution listed above to release financial and academic information to Catawba Valley Community College (CVCC) for the purposes of determining financial aid eligibility.

Signature cannot be typed.

Student Signature: _____ Date: _____

The student listed above is seeking a degree or certificate from CVCC and plans to enroll at the Host Institution listed above during the 2023-2024 academic year. This agreement will allow CVCC to disburse financial aid based on the student's combined enrollment at both institutions. CVCC is responsible for determining eligibility and awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and federal reporting requirements. After CVCC charges are paid, CVCC will disburse any excess aid to the student. **The student is responsible for paying any charges**, or using any refund to pay the charges at the Host Institution.

The Host Institution agrees to complete this form, to confirm enrollment, to inform CVCC if the student withdraws, and to not give the student any Title IV grant aid during this enrollment period.

Enrollment Period: _____

Tuition and Fees \$ _____ Books and supplies \$ _____ Room & Board \$ _____

Transportation \$ _____ Miscellaneous \$ _____ Total CoA \$ _____

Course Name	Course Number	Number of Enrolled Credits
Total Number of Credits		

Institution Information	Host Institution	CVCC
Printed Name		
Title		
Authorized Signature		
Date		
Fax Number		(828) 624-5208
Telephone Number		(828) 327-7000 x 4860