TILLAMOOK BAY COMMUNITY COLLEGE

2016-2017 Consortium Agreement

Please complete this form using blue or black ink

Student Name:_____ _____
Last Name First Name/MI TBCC Student ID#

Student Birth Date: _____ Phone_____

Tillamook Bay Community College and_____ _____
(Home Institution) (Host Institution) Host School Student ID#

Term of Attendance_____ Year: _____Credits at TBCC: _____Credits at Host: _____

Financial aid will be administered by Tillamook Bay Community College (home institution). Hours from the host institution will be considered in the enrollment calculation at the home institution for financial aid purposes. All financial aid will be applied to tuition and fees at the home institution first. Any remaining aid will be forwarded to the student, who is responsible for paying all tuition, fees and other expenses incurred at the host institution. The policies of the home institution will be in place in cases of refund/repayment due to withdrawal from courses.

Please read the following requirements carefully:

1. Student **must** have the financial aid office at the host school sign this form first.
2. The host school shall mail or fax this signed agreement **and** a copy of the student's term schedule of classes to TBCC's Financial Aid Office.
3. Student **must** be enrolled in no less than 6 credits at TBCC for TBCC to be the home school.
4. Courses taken at the host institution **must** apply toward the student's declared degree program at TBCC.
5. Upper division courses (300 or higher level) at the host school will not be funded by TBCC.
6. Student will only receive financial aid from one school each term.
7. **It is the student's responsibility to pay the host school** for all expenses incurred there.
8. **It is the student's responsibility to provide TBCC an official grade transcript from host school at the end of the term of attendance noted above**.

I authorize Tillamook Bay Community College and the host institution to share information about me regarding financial aid, grades, admissions, and related academic issues. I understand this document and agree to the conditions identified above.

_____ _____
Student Signature Date

Please submit this completed form to TBCC's Financial Aid Office

Student: Do Not Write Below This Line

_____ _____
Financial Aid Office- Host Institution Contact Name (Please Print) Phone

_____ _____
Financial Aid Office- Host Institution Contact Signature Date

_____ _____
Financial Aid Office- Tillamook Bay Community College Date

Financial Aid Office
503-842-8222 x 1130
tbccfinancialaid@tillamookbaycc.edu