



OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS

P.O. Box 1009 (27204-1009) • 629 Industrial Park Avenue • Asheboro, NC 27205
 (336) 633-0200 • www.randolph.edu/fin_aid • Federal School Code - 005447

Creating Opportunities. Changing Lives.

Student: _____ SSN: _____ Term: _____

Host Institution: _____

This student is seeking a degree or certificate from Randolph Community College (RCC) and plans to enroll at the Host Institution listed above during the 2010-11 academic year. This Consortium Agreement will allow RCC to disburse financial aid based on the student's combined enrollment at both institutions. RCC is responsible for determining eligibility and awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and federal reporting requirements. After all RCC charges are paid, RCC will disburse any excess aid to the student. **The student is responsible for paying any charges, or using any refund(s) to pay the charges, at the Host Institution.**

The Host Institution agrees to complete this form, to confirm enrollment, **to inform RCC if the student withdraws from these courses**, to send RCC an official transcript at the end of the semester, and to not give the student any Title IV aid during this enrollment period.

Host School Section:

Enrollment Period: From _____ to _____ **Tuition & Fees:** \$ _____
 (month/date/year) (month/date/year) **Books & Supplies** \$ _____

Last day to drop these courses: _____ **Host School Aid for this term:** \$ _____

Name of Course (OR Attached Schedule)	Course Number	Please Confirm the # of Enrolled Credits
Total Credits =		

Host Institution

Printed Name: _____
Title: _____
Authorized Signature: _____
Date: _____
FAX Number: _____
Telephone Number or E-mail: _____

Randolph Community College

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