



Office of Financial Aid & Veterans Affairs

*Creating Opportunities.
Changing Lives.*

629 Industrial Park Avenue • Asheboro, NC 27205
336-633-0200 • www.randolph.edu

Student Name: _____ RCC Student ID or SSN: _____

Host Institution: _____ Term: _____

I hereby authorize the Host Institution listed above to release financial and academic information to Randolph Community College for the purposes of determining financial aid eligibility.

Student Signature Date

The student listed above is seeking a degree or certificate from Randolph Community College (RCC) and plans to enroll at the Host Institution listed above during the 2022-23 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 grant 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 Attach Schedule)	Course Number	Please Confirm the # of Enrolled Credits
Total Credits =		

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

Randolph Community College
Name: _____
Title: _____
Phone #: _____

