

Creating Opportunities. **Changing Lives.**

Office of Financial Aid & Veterans Affairs

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 abo Community College for the purposes of determin	-	cademic information to Randolph	
Student Signature Da	te		
The student listed above is seeking a degree or of at the Host Institution listed above during the 20 disburse financial aid based on the student's condetermining eligibility and awards, disbursing at federal reporting requirements. After all RCC c student is responsible for paying any charges	23-24 academic year. This Conbined enrollment at both ins id, monitoring academic progharges are paid, RCC will dis	Consortium Agreement will allow RCC to stitutions. RCC is responsible for gress, keeping records, returning funds, and sburse any excess aid to the student. The	
The Host Institution agrees to complete this formathese courses, to send RCC an official transcripate and during this enrollment period.			
Host School Section: Enrollment Period: From	to	Tuition & Fees: \$	
(Month/date/year	r) (Month/date/year)	nese courses:	
Name of Course (OR Attach Schedule)	Course Number	Please Confirm the # of Enrolled Credits	
Host Institution	Total Credits =		
Host Institution Drinted Nomes		andolph Community College	
Printed Name: Title:		tle:	
Title:Authorized Signature:			
Date:			
Telephone Number or E-mail:			