



# Consortium Agreement

## Financial Aid

Middletown Campus  
 173 Skirmisher Lane | Middletown, VA 22645  
 Phone: 540-868-7130 | Fax: 540-868-7274  
 Email: [finaid@lfcc.edu](mailto:finaid@lfcc.edu)

Fauquier Campus  
 6480 College Street | Warrenton, VA 20187  
 Phone: 540-351-1519 | Fax: 540-347-6212  
 24/7 Support: <https://mysupport.lfcc.edu>

In accordance with sections 600.9 and 690.9 of the Title IV Student Financial Aid Program regulations and Volume 2, Chapter 7, of the *Federal Student Aid Handbook*. Lord Fairfax Community College(LFCC) hereby enters into a consortium agreement for the designated term. This agreement will apply to all Title IV Student Financial Aid programs.

LFCC will be the designated Home Institution; the Host Institution will be: \_\_\_\_\_.

1. LFCC, as the Home Institution, agrees to determine eligibility and provide financial aid to the designated student based on the eligible combined credits from both the Home and Host Institutions as student eligibility and LFCC awarding procedures indicate for the specified term. Excess aid will be disbursed to the student; the student must pay the Host Institution. With the assistance of the Host Institution, LFCC will determine academic progress.
2. The above-stated Host Institution agrees NOT to provide payments from any Federal Title IV programs for the term specified and further agrees to notify LFCC's financial aid office if the student received any type of financial assistance for attendance at the Host Institution. Should the student's enrollment/attendance status change from the information submitted on this form, the Host Institution will promptly notify the College Financial Aid Office at LFCC. The Host Institution agrees to share end-of-term information to assist LFCC in calculating academic progress at LFCC.

### Student Information:

Student's Name: \_\_\_\_\_ LFCC School ID: \_\_\_\_\_ Host School ID: \_\_\_\_\_

Check the appropriate box(es) and write in the year (i.e. Fall of 20XX) that this consortium agreement pertains to:

Fall of 20\_\_  Spring of 20\_\_  Summer of 20\_\_

### Classes Registered at Host Institution:

Course Number	Course Title	Number of Credits	Tuition & Fees for Course

I request that the two schools indicated herein share all necessary information regarding my enrollment at both schools in order that my financial assistance can be based on combined enrollment. My degree/certificate at LFCC is: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student's Academic Advisor at LFCC:

Of the credits listed above, please indicate the number of credits that are required by the student's program of study at LFCC or that will fill unmet required electives in the student's program of study at LFCC: \_\_\_\_\_. If not all will apply, please indicate which courses will be accepted as part of the student's program of study: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name/Title: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

### Host Institution Information:

Period of Enrollment: \_\_\_\_\_ to \_\_\_\_\_ Credits are:  Semester hours  Quarter hours

Anticipated Aid at Host Institution: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name/Title: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

Please complete and return to the LFCC Financial Aid Office as soon as possible after the end of the add/drop period.

### LFCC FAO Use Only:

_____ Credit hours at LFCC	FAO Staff Initials: _____ Date Processed: _____
+ _____ Credit hours at Host Institution	
_____ Total credit hours for _____ Semester	