

JSRCC FINANCIAL AID CONSORTIUM AGREEMENT

Home Institution	Host Institution
J. Sargeant Reynolds Community College (JSRCC)	Institution Name:
Office of Financial Aid	Street Address:
P.O Box 85622	City:
Richmond, VA 23285-5622	State: Zip:
Fax Number: (804) 371-3739	Fax Number:

Section I: To Be Completed By The Student

Name:	Student ID:
Home Address:	City:
State: _____ Zip: _____ Phone Number: _____ Email Address: _____	
Consortium Term: Fall: _____ Spring: _____ Summer: _____	
Statement of Authorization	
I agree to the following terms and conditions:	
• To submit this form to the JSRCC Office of Financial Aid upon completion by myself and Registrar staff. • To inform the JSRCC Office of Financial Aid immediately if I choose not to enroll or otherwise cancel my participation in the Consortium Agreement. • JSRCC and my Host Institution will share information relating to my enrollment and financial aid eligibility. • To maintain Satisfactory Academic Progress (SAP) requirements • To request the Host Institution to mail an official transcript of all class grades to the JSRCC Office of the Registrar. • To only enroll in classes that will transfer into my current program of study. I understand that failure to do so will result my consortium agreement being denied.	
I understand that:	
• I am responsible for paying any tuition and fees to the Host Institution out of pocket prior to their payment deadlines. JSRCC will not provide an early release of financial aid or send payments to my Host Institution. • Under no circumstances will my financial aid be disbursed until after the last day to drop a class with a refund for the latest term for which I am enrolled.	
This agreement does not guarantee an increase in the amount of financial aid I will be eligible to receive.	
Student Signature: _____	Date: _____

Section II: To Be Completed By JSRCC Registrar Staff

I have reviewed the program of study for the student listed in Section I and affirm that the courses listed below are acceptable for transfer and will be applied toward the student's degree or certificate at J. Sargeant Reynolds Community College, if completed with a grade of "C" or better.

Course Title	Credit Hours	Start Date	End Date
Ex: ENG 111	3	8/26/2019	12/14/2019

Registrar Staff Signature: _____ Date: _____

Printed Name: _____

Upon completion of this section please submit to mclarke@reynolds.edu

Section III: To Be Completed By Host Institution

Statement of Certification:

The Host Institution agrees not process or award any Federal Title IV financial aid for this student. The Host Institution will share information about this student's enrollment including notifying JSRCC if the student withdraws from the program or decreases enrollment before its conclusion.

I agree to the Statement of Certification and confirm that the student in Section I is enrolled in only the approved classes listed above the Host Institution.

Comments: _____

Host Institution Financial Aid Office Staff Signature: _____

Print Name: _____ Email: _____

Office Phone: _____ Office Fax: _____

Upon completion, please send this form to mclarke@reynolds.edu or fax to (804) 371-3739.

J. Sargeant Reynolds Community College (JSRCC)

Office of Financial Aid

Fax: (804) 371-3739

