



## 2025-2026 CONSORTIUM AGREEMENT

Between Brightpoint Community College (as the Home Institution) and the Host Institution (as listed below).

**Home Institution:**

Brightpoint Community College

**Address:**

Office of Financial Aid  
13101 Route 1  
Chester, VA 23831

**Host Institution:**

**Address:**

Completed forms can be emailed to [financialaid@brightpoint.edu](mailto:financialaid@brightpoint.edu), faxed to 804-594-1630 or submitted in person by visiting the Financial Aid Office.

**Please note:** *Typed signatures are not accepted. You must sign by providing written signatures on documents before submission to the office.*

### A. Student Information (to be filled out by the student)

Last Name:

First Name:

Middle Initial:

Student ID Number (EMPLID):

Last 4 Digits of Social Security Number:

Phone Number:

Term:

**Fall 2025**

**Spring 2026**

**Summer 2026**

The Financial Aid Office at \_\_\_\_\_ (host institution) agrees to enter into a Consortium Agreement with the Financial Aid Office at Brightpoint Community College (home institution) for the student and academic period listed above. This student has permission from the home institution to take a course (or courses) at the host institution. Said course/courses will transfer to the home institution to be applied to the student's degree or certificate, as verified on page two of this form by the student's faculty advisor.

The items of agreement are:

- Brightpoint Community College, as the home institution, agrees to process the student's financial aid, including the enrollment status and cost of attendance at the host institution; and
- \_\_\_\_\_, the host institution, agrees not to process any financial aid awards for the student for the academic term indicated above; and
- The above-named student will be responsible for payment to the host institution in accordance with their guidelines and payment policies.

## B. Student Portion (to be filled out by the student)

### Instructions/Important Information

1. Decide which courses you need to take at the host school.
2. Complete the first page of this form.
3. Take the form to your advisor for approval of the course(s) as part of your Brightpoint Community College degree/certificate (see page two).
4. Submit this form to the Financial Aid Office after receiving your advisor's approval.
5. The Brightpoint Financial Aid Office will process any aid increases after receiving this form from the host school.
6. Consortium agreements are processed **after the add/drop period ends for the semester.**

Curriculum (Major):

Reason course(s) cannot be taken at Brightpoint:

Advisor Name:

Name(s) of courses and credit hours you plan to take at the Host Institution:

Course Name	Credit Hours

### Responsibility Statement

I understand that I am fully responsible for my Host Institution charges (tuition, fees and books).

Student Signature:

Date:

### C. Brightpoint Advisor Portion (Students do NOT complete this section.)

Upon consulting the student's academic transcript, I find that the course(s) above are fully creditable toward the student's stated degree/certificate goal.

Advisor Name (Print):

Advisor Signature:

Phone Number:

Date:

**After items A, B, and C are complete, please submit this form to the Brightpoint Financial Aid Office.**

### D. Host Institution Financial Aid Office's Portion - Cost of Attendance (Students do NOT complete this section.)

**Please use *actual* costs after the end of the add/drop period.**

Tuition for \_\_\_\_\_ credits (total credit hours) at \$ \_\_\_\_\_ /credit hour = \$ \_\_\_\_\_ (Total Cost)

Fees (if any): \$ \_\_\_\_\_

Host Institution Financial Aid Office Representative Name (Print):

Host Institution Financial Aid Office Representative Signature:

Phone Number:

Date:

### E. Host Institution Registrar's Portion - Enrollment Certification (students do NOT complete this section)

I certify that the student involved has registered for the course(s) listed in the student portion of this form, for the \_\_\_\_\_ semester beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

Host Institution Registrar Office Representative Name (Print):

Host Institution Registrar Office Representative Signature:

Phone Number:

Date:

**Note: Please complete and return to Brightpoint as soon as possible after the end of the add/drop period.**

Home Institution Signature - Brightpoint Financial Aid Office Use Only

Credit Hours

Brightpoint Community College:

Host Institution:

Total credit hours for

semester

Brightpoint Community College Financial Aid Administrator Signature:

Date: