



2024-2025 CONSORTIUM AGREEMENT

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

Home Institution	Host Institution
Brightpoint Community College Office of Financial Aid 13101 Route 1 Chester, VA 23831	College Name Address

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

Last Name	First Name	M.I.
Student ID Number (EMPLID)	Social Security Number (Last 4 digits)	Phone Number
Term: <input type="checkbox"/> Fall 2024	<input type="checkbox"/> Spring 2025	<input type="checkbox"/> Summer 2025

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 BCC degree/certificate (see page two).
- 4) Submit this form to the Financial Aid Office after receiving your advisor's approval.
- 5) BCC 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 BCC _____

Advisor Name _____

Name(s) of Courses you plan to take at the Host Institution:			
Course Name	Credit Hours	Course Name	Credit Hours
1)		4)	
2)		5)	
3)		6)	

Responsibility:

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

Student Signature

Date

C. BCC 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 BCC 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 at \$ _____/credit hour = \$ _____.

Total Credit Hours 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 _____ 20____ 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 BCC as soon as possible after the end of the add/drop period.

Home Institution Signature BCC Financial Aid Office Use Only

Credit hours: BCC _____ Host Institution _____

_____ Total credit hours for _____ semester

Brightpoint Community College Financial Aid Administrator Signature

Date

Office of Financial Aid ~ 13101 Route 1, Chester VA 23831

Completed forms can be emailed to 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 providing written signatures on documents before submission to the office.