

## 2025-2026 CONSORTIUM AGREEMENT

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

Home Institution	Hos	t Institution
Brightpoint Community College Office of Financial Aid 13101 Route 1 Chester, VA 23831	Coll Add	ege Name ress
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 digit	s) Phone Number
Term: <b>Fall 2025</b>	□Spring 2026	□Summer 2026
The Financial Aid Office at	(he	ost 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.
- 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.

Curriculum (Major)

- **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.

Reason course(s) cannot be taken at BCC

Advisor Name

	1)		4)	
	2)		5)	
	3)		6)	
Respons		· T · · · · 1		
I underst	and that I am fully responsible for my H	ost Institution charge	es (tuition, lees and books).	
Student S	ignature		Date	
C BCC	Advisor Portion (Students do NOT co	mplete this section		
Upon con	*	*	rse(s) above are fully creditable toward the s	student's stated
-	-			
Advisor N	Name (Print)		Advisor Signature	
Phone Nu	ımber		Date	
	STOP AFTER ITEMS A. B. AN	D C ARE COMPLETE.	PLEASE SUBMIT THIS FORM TO THE BCC FI	NANCIAL AID OFFICE.
D. Host	Institution Financial Aid Office's Port	ion- Cost of Attend	ance (Students do NOT complete this sec	tion.)
Please us	se <i>actual</i> costs after the end of the add	/drop period.		
Tuition f	or credits at \$	/credit hour = \$		
,	or credits at \$ Total Credit Hours		Total Cost	
Fees (if a	uny) \$			
1 665 (11 8	μιγ) ψ			
Host Inst	itution Financial Aid Office Representative	e Name (Print)	Host Institution Financial Aid Office Rep	presentative Signature
Phone Nu	ımber		Date	
E. Host	Institution Registrar's Portion- Enrol	ment Certification	(Students do NOT complete this section.)	
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		d in the student portion of this form, for the	
	-		a in the student portion of this form, for the	20
semester	beginning onand en	nding on	·	
<u> </u>				
<del></del>				
Host Insti	itution Registrar Office Representative Nati	me (Print)	Host Institution Registrar Office Repres	entative Signature
Phone Nu	ımber		Date	
Note: Pl	ease complete and return to BCC as se	oon as possible after	r the end of the add/drop period.	

Name(s) of Courses you plan to take at the Host Institution:

**Course Name** 

**Credit Hours** 

**Credit Hours** 

**Course Name** 

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## 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 <u>financialaid@brightpoint.edu</u>, 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.