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

Home Institution		Host Institution			
John Tyler Community College Office of Financial Aid 13101 Jefferson Davis Highway Chester, VA 23831		College Name Address			
A. Student Information (to be filled out b	y the student)				
Last Name	First Nan	ne	M.I.		
Student ID Number (EMPLID)	Social Security N	umber(Last 4 digits)	Phone Number	er	
Term □Fall 2021 □Spring 2022 □	]Summer 2022				
listed above. This student has permission	ment with the Financial Aid Office at John Tyler Community College (home institution) for the student and academic period above. This student has permission from the home institution to take a course (or courses) at the host institution. Said /courses will transfer to the home institution to be applied to the student's degree or certificate, as verified on page two of				
The items of agreement are:					
<ul> <li>John Tyler Community College, a enrollment status and cost of atternion of the academic term indicated at the above named student will be payment policies.</li> </ul>	endance at the host ins , the host institut above; and	stitution; and iion, agrees not to proces	s any financial aid awards for	the student	
B. Student Portion (to be filled out by the	e student)				
nstructions/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 JTCC degree/certificate (see page two).  4) Submit this form to the Financial Aid Office after receiving your advisor's approval.		increa school <b>6)</b> Conso	<ul> <li>5) JTCC Financial Aid Office will process any aid increases after receiving this form from the host school</li> <li>6) Consortium agreements are processed after the add/drop period ends for the semester.</li> </ul>		
Curriculum (Major)		Reason cou	rse(s) cannot be taken at JTCC		
Advisor Name					
Name(s) of Courses you plan to take at the Host Institution:					
Course Name	Credit Hours	Course Na		3	
1)		4)			
2)		5)			
3)		6)			
Responsibility: I understand that I am fully responsible f	or my Host Institution of				
Student Signature		D	ate		

C. JTCC 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 CO	MPLETE, PLEASE SUBMIT THIS FORM TO THE JTCC FINANCIAL AID OFFICE.			
D. Host Institution Financial Aid Office's Portion- Cost of	of Attendance (Students do NOT complete this section.)			
Please use actual costs after the end of the add/drop pe	eriod.			
Tuition for credits at \$/c				
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 Certif	fication (Students do NOT complete this section.)			
I certify that the student involved has registered for the 20 semester beginning on	course(s) listed in the student portion of this form, for the 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 JTCC as soon as p	possible after the end of the add/drop period. ************************************			
Home Institution Signature JTCC Financial Aid Office U	Jse Only			
Credit hours: JTCC Host Institution				
Total credit hours for	semester			
John Tyler Community College Financial Aid Administrator Signat	ture Date			

JOHN Jules COMMUNITY COLLEGE