



CONSORTIUM AGREEMENT APPLICATION

Home Institution: Bergen Community College

Host Institution: _____

Section A: Completed By Student

This consortium agreement is for Fall Spring Summer

Name: _____ ID#: _____ Last 4 of SS# xxx-xx _____

Address: _____ City: _____ Zip: _____

E-mail Address: _____ Phone: _____

For the indicated term, I will be enrolled:

Bergen Community College _____ credits

Host Institution _____ credits

Certification: I have read and have met or will meet the student requirements, and further certify that all information provided on this application is accurate. As a degree seeking student, I agree to receive federal funding only from the HOME institution.

Student Signature: _____ **Date:** _____

Section B: Completed By Financial Aid Office at Host Institution

The student listed in Section A will be attending your institution this semester and is requesting a consortium agreement for the term indicated. Bergen Community College will process financial aid for which the student may be eligible. Disbursement of funds will be made directly to the student according to our institutional policy.

Course # & Title	Units (Semester Hours)	Cost/Unit	Tuition & Fees
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Totals		\$ _____	\$ _____

Certification: I certify that the student is enrolled in the units above. I agree that this institution will not award or pay any form of Federal Student Aid to this student during the term of this consortium agreement.

Signature: _____ **Date:** _____

Institution Address: _____ **Phone:** _____

Section C: Completed By Financial Aid Office at Home Institution (BCC)

Approved Tuition/Fees: Host \$ _____ Bergen Community College \$ _____

Denied

Comment: _____

Signature: _____ **Date:** _____

Please return this form to:
 Bergen Community College
 400 Paramus Road - Room L123
 Paramus, NJ 07652
 Fax: 201-612-9823