STUDENT'S NAME:	GHC ID# 900
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## **GEORGIA HIGHLANDS COLLEGE**

## Office of Financial Aid Consortium Agreement

GHC STUDENTS WHO WISH TO BE TRANSIENT TO ANOTHER COLLEGE AND RECEIVE FEDERAL AID MUST COMPLETE THIS CONSORTIUM AGREEMENT. THE GHC OFFICE OF FINANCIAL AID WILL SEND THIS FORM TO THE HOST INSTITUTION INDICATED BELOW AFTER THE DROP/ADD PERIOD FOR THE SEMESTER INDICATED. THE HOST INSTITUTION CANNOT VERIFY ENROLLMENT UNTIL AFTER THEIR ADD/DROP PERIOD HAS ENDED. THEN THE COMPLETED FORM MUST BE SENT TO THE GHC OFFICE OF FINANCIAL AID FROM THE HOST INSTITUTION.

## CONSORTIUM DEADLINES - FORMS SUBMITTED AFTER DEADLINE DATES WILL BE DENIED

FALL 2023	SPRING 2024	SUMMER 2024
November 15, 2023	April 15, 2024	July 15, 2024

SECTION I: STUDENT INFORMATION		
Georgia Highlands College and	(Host Institution) herein enter into a	
Consortium Agreement for	ement for (Student Name) whose last four digits of	
	Student wishes to receive Title IV (Federal) financial aid for academic year.	
SECTION II: STUDENT RESPONSIBILITY		
READ STATEMENTS BELOW AND CHECK EAC	CH BOX TO INDICATE YOU UNDERSTAND AND ACCEPT RESPONSIBILITY.	
approval for transient study as determ	t at Georgia Highlands College and meet eligibility requirements for nined by the GHC Registrar's Office and the GHC Office of Financial Aid.  The transient students must enroll for a minimum of 6 credit hours at the	
HOST Institution, OR 6 credit hours at HOST and HOME institutions.	the HOME Institution, OR a combination of 6 credit hours between the	
Only Georgia Highlands College will pr students participating in transient students	rocess applicable Federal financial aid for eligible, degree-seeking dy.	
	nt of any outstanding tuition and fees to the HOST Institution by their imbursement of any Federal financial aid (if applicable) will be refunded y GHC.	
☐ You may be required to return Federa HOME institution causing your origina	I financial aid to GHC if you drop/withdraw from classes at the HOST or all eligibility to change.	
A final, official transcript from the HOs	ST institution must be sent to Georgia Highlands College once your ution.	

TUDENT'S NAME:			GHC ID# 900		
SECTION III: CERTIFICATION (TO	BE COMPLETED BY HOS	T INSTITUTION)			
t is agreed that Georgia Highland appropriate for the semester(s)			oplicable Federal financial aid as		
on this agreement. The HOST Ins	titution agrees enrollm isburse Federal financia	ent is verified and that	e student for the specified semester(s) the information below is accurate. y after we have received certification of		
The HOST Institution agrees to n ndicated.	otify Georgia Highlands	College if the student	ceases enrollment prior to the semester		
Term (Semester) of Enrollment:					
FALL		SPRING	SUMMER		
The period of enrollment begins	,	and ends on _	·		
Number of credit hours enrolled Cost of Attendance	:				
	Tuition and Fees	\$			
	<b>Books and Supplies</b>	\$			
	Room and Board	\$			
	Transportation	\$			
	Personal	\$			
	Other (please specify)	\$			
	Total Cost	\$			
		-			
Host Signature/FA Counselor		GHC Sign	nature/FA Counselor		
Printed Name and Title		Printed	Name and Title		
nstitution		Date			
Address		Re	turn by Mail, Email, or FAX:		
		Δ++	Georgia Highlands College ention: GHC Office of Financial Aid		

Office of Financial Aid email: finaid@highlands.edu Check your Financial Aid status at highlands.edu/financial-aid Georgia Highlands College
Attention: GHC Office of Financial Aid
3175 Cedartown Highway
Rome, GA 30161
Email: finaid@highlands.edu

Email: finaid@highlands.edu Fax: 706-295-6341