



Middle Georgia College
Office of Financial Aid

Return Completed Form To:
Office of Financial Aid - Grace Hall
1100 Second St. SE
Cochran, GA 31014
Fax: (478) 934-3448

Consortium Forms not returned to Middle Georgia College prior to being sent to the Host School will not be processed!

CONSORTIUM AGREEMENT FOR TRANSIENT STUDIES

Student Section:

Student Name: _____ **Social Security:** _____
Host School: _____ **MGC ID:** _____

The above referenced student has requested that Middle Georgia College (home institution) allow attendance at your institution for the _____ semester/quarter of the **2012-2013** Academic School Year.

The home institution agrees to determine the student’s eligibility for financial aid, disburse all funds directly to the student’s MGC account *upon receipt of this form*, monitor Satisfactory Academic Progress and other student eligibility requirements, and maintain financial aid records for the required length of time.

Host School:

The Host Institution agrees to notify MGC if the student fails to enroll. The Host Institution also agrees to notify MGC of any change in student enrollment.

The above mentioned student’s official status is transient? _____ Yes _____ No

The student is enrolled in _____ semester/quarter hours.

The student’s Pell COA for the above mentioned semester/quarter is \$_____.

Start Date: ____/____/20____ End Date: ____/____/20____ (Semester/Quarter)

By signing below, the Host Institution is in compliance with this consortium agreement. *If the Host Institution chooses not to comply with this agreement, please return this form unsigned.*

****Please note this consortium agreement will be terminated at the conclusion of the enrollment period listed above****

Signature of Authorized Official – Host Institution - FAO

Signature of Authorized Official – Home Institution

Title Date

Title Date