

# Consortium Agreement

FINANCIAL AID OFFICE | 500 Newtown Pk Lexington KY 40508 | Bluegrass-FinancialAid@kctcs.edu | P 855.246.2477

## Consortium Agreement Instructions

Attached is the Consortium Agreement for to be completed. The purpose of this agreement is to document the courses you are taking at a separate institution (your visiting school) and allow BCTC (your home school) to include the credit hours you are taking elsewhere in your financial aid calculation. The hours you take at the visiting institution must be applicable to your degree program at BCTC, and the form must be submitted to the Visiting Institution before your classes at BCTC begin.

### Steps to complete the consortium agreement:

1. Pick up Consortium Agreement form before the beginning of the semester. You will need a new form each semester you attend two institutions.
2. Complete Section I of the form.
3. Take the form to your assigned advisor at BCTC to have an academic advisor complete Section II of form.
4. Submit form to Visiting School's Financial Aid Office so they may complete Section III. The Visiting School will send the form directly to BCTC's Financial Aid Office after the last day to add a class.
5. You, the student, are responsible for paying the bill at the Visiting Institution before classes begin.
6. Aid will be released on the normal schedule (after attendance in classes is confirmed), it will go to the BCTC Bursars' Office to pay your bill for BCTC. Any residual aid will be released to you, the student.
7. At the end of the semester, you must submit an unofficial copy of your transcript to the BCTC Financial Aid Office. Your financial aid for the next semester will not be disbursed until an unofficial copy of your transcript has been received and reviewed by the Financial Aid Office.
8. If you wish for the class(es) you attended at the visiting institute to be transferred back to BCTC to satisfy requirements for your degree at BCTC then you will need to submit an official transcript to the BCTC admission office after final grades are posted at your visiting institution.

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ID#		Last		First	
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## SECTION I (Student)

Visiting Institution		V.I. Student ID#	
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Academic Semester / Term (Check One)	<input type="checkbox"/>	◀ Fall 20__	<input type="checkbox"/>	◀ Spring 20__	<input type="checkbox"/>	◀ Summer 20__
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Are you enrolled in the <b>BCTC Blue+ Program</b> with UK?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
UK student ID: _____ Do you live in UK housing?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### Under this consortium agreement, I (the student) agree to:

- ◆ *submit a new consortium agreement at the beginning of each semester to the visiting institution before the start of class(es).*
- ◆ *be enrolled in an aid eligible degree, certificate, or diploma program at my degree-granting institution, Bluegrass Community & Technical College (BCTC).*
- ◆ *maintain Satisfactory Academic Progress (SAP)*
- ◆ *only take courses at the Visiting Institution that are required and transferable to my current Program Plan(s) at BCTC, as certified by a BCTC academic advisor.*
- ◆ *notify the Financial Aid Offices of both BCTC and the Visiting Institution of any changes in my enrollment status (e.g., if I add a class, if I drop a class, if I substitute one of my classes for another).*
- ◆ *notify BCTC's Financial Aid Office if and when I do not begin the course(s) listed on this agreement.*
- ◆ *ensure the Visiting Institution provides BCTC with an academic transcript at the end of the term.*
- ◆ *complete the Free Application for Federal Student Aid (FAFSA) and all financial aid eligibility requirements.*
- ◆ *pay all tuition charges, fees, and any other associated expenses charged by BCTC and the Visiting Institution.*
- ◆ *acknowledge that this form alone does not confirm my financial aid eligibility or guarantee any financial aid awards.*

**STUDENT CERTIFICATION:** *By signing this form, I affirm that the information I am providing is true to the extent of my knowledge; I also understand that if I intentionally give false or misleading information on any financial aid documents, I may be fined, sentenced to jail, or both.*

Signature	Date	

# Consortium Agreement (continued)

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## SECTION II VISITING CLASSES (To be completed with a BCTC Advisor)

Course Name	Number	Credit(s)	Begin Date	End Date	PROGRAM APPLICABLE?

Printed Name		Phone	
Signature		Date	

## SECTION III (Visiting Institution)

Tuition	\$	Fees	\$	Room/Board	\$
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### Under this consortium agreement, the Visiting Institution agrees to:

- ◆ provide BCTC with documentation of the student's enrollment.
- ◆ notify BCTC if the student does not enroll, does not begin, or withdraws from any course(s) listed on this agreement (notification of a withdraw must include the official date of withdraw and other pertinent information) and/or if the student is receiving any financial aid from the visiting institution.

### And certifies that:

- ◆ it is approved by the United States Department of Education to participate in Title IV aid programs.

Printed Name		E-Mail	
Title		Phone	
Signature		Date	

## SECTION IV (BCTC Financial Aid Office)

### Under this consortium agreement, BCTC agrees to:

- ◆ process the student's Title IV Aid Application and disburse eligible funds.
- ◆ monitor the student's SAP toward the completion of the student's academic program at BCTC.
- ◆ calculate Return to Title IV (R2T4), as necessary.
- ◆ maintain financial aid record keeping and reporting.
- ◆ certify the student's enrollment in a Title IV eligible academic program at BCTC.
- ◆ certify the program applicability of all coursework within this agreement via BCTC academic advising.

Printed Name		Title	
Signature		Date	