

**CONSORTIUM AGREEMENT REQUEST**

BETWEEN

**Lenoir Community College**

(Home School)

and

**[Empty Box]**

(Host Institution)

**Section I – To be completed by Student**

Student's Name: (Print first, middle, last)		Student ID: Last 4 of SS#:	
Consortium Period (check all that apply): Lenoir Community College	<input type="checkbox"/> Fall____	<input type="checkbox"/> Spring _____	<input type="checkbox"/> Summer_____

**Section II – List the individual course(s) and semester credit hours you are registered for during the below enrollment period:**

<b>Enrollment Period:</b>	<b>From:</b>		<b>To:</b>	
Name of Home School <b>LENOIR COMMUNITY COLLEGE</b>		Enter Host College You Are Attending <b>Name:</b>		

**Section III – List the individual course(s) and semester credit hours you are registered for during the below enrollment period:**

HOME SCHOOL COURSE(S)	CREDITS	HOST SCHOOL COURSE(S)	CREDITS
<b>EXAMPLE:</b> English Composition /Eng 110-99	3.0		

**Step I:** Complete the Consortium Agreement Request in its entirety and return it to the Office of Financial Aid at LCC.

**Step II:** Attach proof of payment and course registration with this form.

**Step III:** At the completion of your class(es), you must request an official copy of your transcript to be sent to the Office of Admissions and Records at LCC so this coursework may be included in your academic history at Lenoir Community College.

**NOTE:** This form must be completed at the beginning of each semester that you need a consortium agreement. Failure to complete this form and supporting documents in a timely manner may delay or reduce your full financial aid eligibility.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

**Form must be returned to:  
Lenoir Community College  
Office of Financial Aid**