



2022-2023 Consortium Agreement Form

Student FIRST NAME MI LAST NAME Last 4 digits SSN

HOST SCHOOL SECTION

Name of Institution: \_\_\_\_\_

Number of Credit hours enrolled: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer Semester(s)

Enrollment Period Dates: \_\_\_\_\_ to \_\_\_\_\_

Actual Tuition and Fees for enrollment period: \$\_\_\_\_\_

Total Account Balance: \_\_\_\_\_ Has Been Paid \_\_\_\_\_ Has Not Been Paid (by the student)

If the student were enrolled on a full-time basis for a full academic year, the actual charges would be:

TUITION & FEES \$\_\_\_\_\_ ROOM & BOARD \$\_\_\_\_\_ BOOKS & SUPPLIES \$\_\_\_\_\_

Actual TUITION & FEES for WV Invests \$\_\_\_\_\_

The above is true to the best of my knowledge. This institution agrees to notify the Financial Aid office at the home school, Mountwest Community and Technical College, within two weeks, should the student change their enrollment status indicated above prior to processing any refund of tuition/fee charges resulting from a change in enrollment status.

SIGNATURE DATE

TITLE TELEPHONE

HOME SCHOOL SECTION:

Upon receipt of the information above, the home school will:

- Determine if the student is meeting the home institution's satisfactory academic requirements and other student aid eligibility requirements.
• Secure documentation from the student that the credits will transfer.
• If appropriate, process and distribute financial aid to the student after documentation is received.
• Distribute any Title IV funds applicable back to the program after notification of a change of enrollment status.

SIGNATURE DATE

TITLE TELEPHONE NUMBER

Return to: Mountwest Community and Technical College
Office of Financial Aid
One Mountwest Way
Huntington WV 25701
Phone (304)710-3370 Fax: (304) 710-3533 Email: ofa@mctc.edu