



Georgia College
Office of Financial Aid
Campus Box 30
Milledgeville, GA 31061
1-800-342-0471
(478) 445-5149
FAX: (478) 445-0729

CONSORTIUM AGREEMENT ENROLLMENT FORM

Date: _____

To: _____

From: Georgia College

Re: Financial Aid Consortium Agreement

Student: _____, (GCID: _____) has notified our

office that he/she intends to be a transient student at _____ for the

_____ term 20_____.

Georgia College students taking transient coursework are required to pay costs at the host institution by the host institutions payment deadline and receive any aid eligibility as reimbursement. Only courses required for degree completion can be used to determine your aid eligibility for Federal financial aid programs such as grants, work-study, and loans and does not include HOPE or Zell Miller scholarships.

Student Signature

Date

Host Institution Financial Aid Office: Please complete the following information and return to Georgia College Financial Aid Office. It is our recommendation that payment has been received by your institution for this term prior to this form being completed.

Number of hours for which student is currently enrolled at your institution: _____

Courses and course numbers in which student is enrolled: _____

Dates of Student Enrollment: _____

Student's status is transient: Yes No (circle one) Term Type: Semester Quarter (circle one)

Student's Pell Grant cost of attendance: _____

Student will not receive financial aid from your institution for the above semester: _____ (Initial)

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Name of Institution: _____

Address: _____

Telephone Number: _____

Comments: _____

Students are required to pay all costs at the host institution by the host institution's payment deadline and receive any aid eligibility as reimbursement.

**For Office Use
Only:
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