

Technical College of the LowCountry Transient Enrollment/Consortium Agreement Request

SECTION I: Request For Status As A Transient Student: *To be completed by the student and appropriate signatures.*

Name _____ Student ID # _____

Is applying to attend _____ (Name of College or University)

For the _____ term as a transient student.

CIRCLE THE ONE THAT APPLIES WHILE YOU ARE ATTENDING ANOTHER COLLEGE/UNIVERSITY. DURING THE TERM INDICATED, I WILL LIVE

ON CAMPUS OFF CAMPUS WITH PARENTS WHILE ATTENDING ANOTHER COLLEGE

SECTION II: COURSES REQUESTED: *To be completed by the student and appropriate Dean.*

To determine eligibility by the TCL Financial Aid Office as a transient student, the following information must be provided on this form.

- Classes in which you intend to enroll
- Beginning and ending dates of the term
- Validation by the appropriate TCL Division Chair that courses transfer into your program of study

I REQUEST THAT I BE PERMITTED TO TAKE THE FOLLOWING COURSES AT INSTITUTION INDICATED ABOVE:

COURSE PREFIX & #	TITLE	SEM. HOURS	BEGINNING/END OF TERM	TCL COURSE EQUIVALENT	COUNTS IN TCL PROGRAM	DEAN INITIALS

SECTION III: TCL APPROVALS:

DEAN DATE

STUDENT RECORDS OFFICE DATE

*****IF YOU ARE APPLYING FOR FEDERAL FINANCIAL AID AT TCL,
PLEASE COMPLETE THE BACK OF THIS FORM.*****

Dean must sign off that the courses above are required for graduation in the student's program of study. When Section III is completed, submit the form to the Student Records Office of the College/University as indicated above for additional information and processing.

SECTION IV: APPROVAL FROM HOST COLLEGE/UNIVERSITY: *To be completed by appropriate officials at the host college/university if the student is applying to receive federal student aid funds (pell grants, federal direct student loans, seog, etc) at TCL.*

Technical College of the Lowcountry (TCL) known as the home institution agrees to provide federal financial aid for financial aid eligible course work completed at the host institution (listed below).

Name of college/university that student will be attending (host institution)

The home institution (TCL) agrees to:

- Accept as transfer credits all credit hours completed with a grade of C or better during the period of this agreement.
- Disburse all financial aid for which the student is eligible directly to the student upon verification of enrollment and attendance at the home and/or host institution.
- Report enrollment (including those hours taken at the host institution) for the period covered by the consortium agreement for federal student aid purposes.

The host institution agrees to:

- Ensure the course names/numbers, titles, and credits listed in Section II are accurate and will notify TCL Financial Aid Office of any inaccurate information.
- Notify the TCL Financial Aid Office within seven (7) business days of any changes in the student's enrollment status.
- Provide a schedule of charges for the consortium period of enrollment.
- Not report enrollment for the period covered by the consortium agreement for federal financial aid purposes.

The student agrees to: *Student Signature:* _____ *Date:* _____

- Pay all charges at the host institution.
- Request grades to be provided to the TCL Student Records Office at the end of the term.
- Notify TCL of any changes in enrollment within seven (7) business days.
- Submit the completed Transient/Consortium Agreement Form to TCL before any aid will be awarded and/or disbursed.

Number of Credit Hours Enrolled: _____

Beginning Enrollment date: _____ Ending Enrollment Date: _____

Please complete the following using your institutions actual cost of attendance for the period indicated.

<u>Semester/Enrollment Period of Consortium</u>	<u>Student Cost of Attendance</u>
Actual Tuition and Fees for credits enrolled:	\$ _____
Room and Board for credits enrolled:	\$ _____
Books and Supplies for credits enrolled:	\$ _____
Transportation for credits enrolled:	\$ _____
Personal, Misc for credits enrolled:	\$ _____

Host Institution Financial Aid Administrator Printed Name _____ **Phone** _____ **Email** _____

Host Institution Financial Aid Administrator Signature _____ **Date** _____

TCL Financial Aid Office Director Signature _____ **Date** _____ **TCL Business Office Signature** _____ **Date** _____