



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 Cost of attendance for the dates enrolled: \_\_\_\_\_

Student should not receive federal financial aid from your institution for the above semester and we will need the amount of state funds this student received at your institution for this term \$\_\_\_\_\_

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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