



Please Print:

Name _____ Student # _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Host or Visiting School _____ Enrollment Term _____

Barton County Community College Consortium Agreement Policies:

You must meet the following criteria for Barton to enter into a consortium agreement with another school:

1. You must be actively pursuing a degree or certificate with Barton;
2. You must be enrolled in at least three (3) credit hours at Barton during the term that you are requesting the consortium agreement;
3. You must be concurrently enrolled at another accredited school eligible to participate in Title IV programs.
4. A new consortium agreement must be completed each term.

Barton County Community College will determine your eligibility for financial aid, disburse aid, monitor your satisfactory academic progress, maintain records regarding your financial aid, and report information regarding your enrollment and financial aid as required by federal regulations.

Release of Information Consent:

I authorize Barton County Community College and the visiting institution to share appropriate information concerning enrollment, academic status, fees, grades, attendance information, and financial aid as is necessary to execute this agreement.

I have been admitted and am actively pursuing a degree at Barton County Community College. I declare Barton as the home institution for purposes of financial aid.

I understand that my financial aid at Barton County Community College will not be applied to my account until my enrollment information is verified by the host school and that I will only be able to receive financial aid from Barton County Community College. I understand that I will be responsible to pay any educational expenses that are accrued at the host school.

Student Signature: _____ Date: _____

Return completed form to:
Barton County Community College
Financial Aid Office
245 NE 30 Rd
Great Bend, KS 67530

Terms and Conditions of this Consortium Agreement

In regard to this agreement, Barton County Community College will assume the role of HOME institution and the institution listed below will assume the role of HOST institution.

As the HOME institution, Barton will:

- Be the degree-granting or certificate-granting institution;
- Will determine the student’s eligibility for federal financial assistance;
- Will process, calculate, and disburse aid according to the combined enrollment and length of enrollment period;
- Establish the student’s cost of attendance including tuition and fees from the combined enrollment;
- Notify the student of Satisfactory Academic Progress (SAP) and monitor SAP according to Barton’s SAP policies;
- Report NSLDS enrollment information for this student through the National Student Clearinghouse;
- Calculate and process the Return of Title IV funds if appropriate, including determination of the withdrawal date and institutional refunds;
- Include the student on FISAP reporting;
- Will give credit for coursework taken at the host institution on the same basis as if Barton provided the coursework;
- Will keep all appropriate and require documentation to support the student’s eligibility and basis for award and disbursement, including cash management authorizations; and,
- Confirm student eligibility at the time of disbursement.

The HOST institution will:

- Not disburse federal aid to the consortium student;
- Notify the Home institution if the student withdraws from classes;
- Provide necessary information for aid to be calculated and disbursed by the Home school;
- Certify that the Host institution is eligible to participate in Title IV programs;
- Certify for any study abroad programs there is a contractual agreement with the foreign school; and,
- Provide the Home with information on the student’s courses, enrollment status, cost of attendance, enrollment start/end dates, and academic records for SAP evaluation.

Certification of Agreement

On behalf of my institution, I understand and am in agreement with the terms and conditions of this consortium agreement for the student indicated on the reverse side of this form.

**Signature of Barton County Community College (Home)
Director of Financial Aid:**

**Signature of Host Institution
Director of Financial Aid:**

Date: _____

Date: _____

Institution Name: _____

Email address: _____

To be completed by the Host Institution:

Enrollment period dates: Start date _____ End date _____ Student is enrolled for _____ credit hours

Tuition and fees: \$ _____ Room and Board fees: \$ _____ Other Resources \$ _____

Please attach a copy of the student’s class schedule.

Non Discrimination Notice: To provide equal employment, advancement and learning opportunities to all individuals, employment and student admission decisions at Barton will be based on merit, qualifications, and abilities. Barton County Community College does not discriminate on the basis of race, color, national origin, sex, disability, age or any characteristic protected by law in all aspects of employment and admission in its education programs or activities. Any person having inquiries concerning Barton County Community College’s non-discrimination compliance policy, including the application of Equal Opportunity Employment, Titles IV, VI, VII, IX, Section 504 and the implementing regulations, is directed to contact the College’s Compliance Officer, Barton County Community College, Room A-123, Great Bend, Kansas 67530 (620) 792-2701. Any person may also contact the Director, Office of Civil Rights, U.S. Department of Education, Washington, DC 20201.