

Community College Coordinator: _____

Approval by Home Institution:

Date:

Department Chair: _____

Director of Admissions _____

Registrar _____

Director of Financial Aid* _____

Bursar _____

Approval by Host Institution:

Date:

Department Chair _____

Director of Admissions _____

Registrar _____

Director of Financial Aid* _____

Bursar _____

**Signature of Director of Financial Aid required only if students will utilize financial aid.*

Do you plan to use financial aid funds to cover your educational expenses in part or in full?

_____ No

_____ Yes *If yes, please carefully read the conditions below.*

Financial Aid – The following conditions apply to the use of financial aid funds:

1. The student is eligible to receive financial aid funds at the home institution only.
2. He or she must complete the FAFSA and submit by appropriate deadlines all required supporting documents to the Financial Aid Office of the home institution.

In signing this agreement, the student authorizes each of the following:

1. The host institution will send a bill to the home institution for the cost of enrollment at the host institution.
2. The home institution will make payment to the host institution in the amount of the bill from the host institution, and the home institution will make payment to the host institution prior to issuing a financial aid refund to the student.
3. The Host Institution agrees to notify Home Institution of any changes in this student's enrollment status. In the event the student drops course(s) or ceases to be enrolled, each institution will apply its own tuition refund policy. The host institution will repay promptly any funds required by the home institution for repayment of Title IV funds. Calculation of any necessary repayment of a cash disbursement will be performed by the home institution.

- **I understand and agree to all of the conditions stated above for participation in the dual enrollment program and, if I am using financial aid funds, I understand and agree to all conditions governing the use of these funds.**
- **I also understand that if I receive financial aid, I am responsible for reimbursing both institutions for any reduction of financial aid resulting from the adjustment of my enrollment.**

Student Signature: _____ **date:** _____

For office use only:

To authorize check issuance to Host Institution, Student Account Statement must be submitted to Home Institution.

- _____ Student Account Statement Received
- _____ Financial Aid Funds Verified
- _____ Check Request forwarded to Accounts Payable, copy attached to Agreement
- _____ Check Received from Accounts Payable, copy attached to Agreement
- _____ Check mailed to Host Institution
 - Date Mailed _____
 - Person designated to receive check _____