

Office of Financial Aid Consortium Agreement

$\begin{array}{c} \text{BETWEEN} \\ \text{ISOTHERMAL COMMUNITY COLLEGE (HOME SCHOOL)} \\ \text{AND} \end{array}$

ndent Name: Student ID:		
none Number/E	-mail address:	
circle the semester	r in which you are completing this form: Fall 2025	Spring 2026 Summer 2026
	be completed <u>each semester</u> you wish to receive financid from another school during the same semester that	
Stude	nt eligibility - Please read before completing and	I submitting this form.
he student must:		
ICC.	begin attendance in courses at the Host School which are to	
• Submit this	atisfactory Academic Progress as defined in ICC's SAP Po completed form to Isothermal's Financial Aid Office alon ayment for course(s) at Host School.	•
completion.	ial grade transcript upon completion of course(s) to the Ro	
NOT be rec	eiving aid at the Host School during the semester indicated	d above.
	Section I – To be completed by	student
	Course name and number	Number of Credit hours

Section II – To be completed by the Host School				
	cial aid at your institution:Yes No lete the remainder of this form.			
If "No" please complete the re	emainder of this form:			
Dates of enrollment under the	is agreement:			
Tuition and fees per credit ho	mr:			
dropped from any classes take		ed by the Host School if the student withdraws o	r is	
Email address:		Phone number:		
Please return this form to:	Isothermal Community College Financial Aid Office PO Box 804 Spindale, NC 28160 Email: financialaid@isothermal.edu			

Fax: 828-286-8109