



# HCC

## Hillsborough Community College Office of Financial Aid Cross Enrollment Contract 2019-2020 Study Abroad Consortium Agreement

Student's Name :

HCC ID:

Date of Birth:

**IMPORTANT:** This form must be completed and submitted to HCC Office of Financial Aid immediately, but no later than:  
**August 23, 2019 for Fall 2019      January 17, 2020 for Spring 2020      May 22, 2019 for Summer 2020**

Complete this form only if you will be participating in a study abroad program and you qualify for Federal Student Aid. HCC Office of Financial Aid reserves the rights to deny this request.

**In order to complete this contract, you must:**

1. be degree seeking at HCC; and,
2. transfer back all credits enrolled to satisfy your HCC degree requirements; and,
3. be in an approved student abroad program; and,
4. have a complete financial aid file on record with HCC; and,
5. be meeting HCC's Satisfactory Academic Progress (SAP) policy for Financial Aid recipients.

**Student Instructions:** If you meet ALL of the above criteria, complete Section A of this agreement, sign the Statement of Compliance for Financial Aid recipients, have Host Institution complete section B, and have Section C completed by a HCC Academic Advisor.

**Section A:** To be completed by the student.

This contract is for (choose only one term):      \_\_\_\_ Fall 2019      \_\_\_\_ Spring 2020      \_\_\_\_ Summer 2020

Print the full name of the Host Institution: \_\_\_\_\_

Country of Host Institution: \_\_\_\_\_

Read and sign the Statement of Compliance for Financial Aid Students:

**I understand that:**

1. I am responsible for paying tuition and fees at my host institution.
2. I cannot receive federal funds from more than one school and only HCC will process my financial aid.
3. Once I have passed a course, I can take the same course one more time and it can be counted in my eligibility for aid.
4. My financial aid will not be paid prior to the end of HCC's drop/add period.
5. I will be paid financial aid based on the total enrolled hours that will apply toward my degree requirement at HCC (correspondence courses will not be approved).
6. I may be required to repay funds if I drop or withdraw from the classes at my host institution.
7. I will only receive credit and funding for what the approved course(s) is equal to at HCC.
8. I must request academic transcript from my host institution be sent to the HCC Admissions & Records at the end of my term of study.
9. My credits will not count as earned until my official transcripts has been received and processed, which may delay future financial aid payments.

Statement of Compliance for Financial Aid Students: My signature below confirms that I have read and clearly understand the requirements above and my responsibilities as a participant. I understand that it is my responsibility to ensure that all sections of this agreement are signed and completed by the appropriate persons or the agreement will be considered invalid.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Hillsborough Community College | Office of Financial Aid | PO Box 31127, Tampa, FL 33631-3127

Phone: 877-736-2575 | Email: [districtfinancialaid@hccfl.edu](mailto:districtfinancialaid@hccfl.edu) | Fax: 813-259-6020



# HCC

## Hillsborough Community College

### Office of Financial Aid Cross Enrollment Contract 2019-2020

### Study Abroad Consortium Agreement

Student's Name :

HCC ID:

Date of Birth:

**Section B:** To be completed by the Host Institution.

Term of Student Abroad: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer

Begin/End Dates of Enrollment: \_\_\_\_\_ - \_\_\_\_\_ Term: \_\_\_\_\_ Hours Registered: \_\_\_\_\_

Type of Program: \_\_\_\_ Independent Study Abroad \_\_\_\_ Exchange Program \_\_\_\_ Faculty-Led Program

List of Course(s) the Student will take at the host institution:

Course Title	Credit Hours	HCC Equivalency <i>(to be completed by HCC)</i>

Total Costs (convert to U.S. dollars):

Tuition/Fees: \$	Transportation Cost: \$
Personal Expenses: \$	Books & Supplies: \$
Room/Board: \$	Other Costs: \$

Total Costs (convert to U.S. dollars): \$ \_\_\_\_\_

\_\_\_\_\_  
Officer's Printed Name & Title\_\_\_\_\_  
Email Address\_\_\_\_\_  
Telephone Number & Fax Number\_\_\_\_\_  
College or University's Name\_\_\_\_\_  
Street Address\_\_\_\_\_  
Province, Country, Postal Code

Statement of agreement between HCC and the Host Institution: I certify that our drop/add period has ended and agree to notify HCC if this student withdraws from any of the courses listed above. I agree that only HCC will process financial aid for this student and no payment of any kind will be made to this student by the host institution.

\_\_\_\_\_  
Signature of Officer\_\_\_\_\_  
Date Signed**Section C:****TO BE COMPLETED BY AN HCC ACADEMIC ADVISOR:**

The above course(s) will be acceptable to transfer and will count towards the student's degree requirement at HCC.

\_\_\_\_\_  
HCC Academic Advisor Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Printed Name and Title