

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

HCC ID: 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 redits 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					
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ALDUETT APPLIATUTE. DATE:	agreement are signed and cor Student Signature:	npleted by the app	oropriate persons or th	_	



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 Sp	oringSummer			
Begin/End Dates of Enrollment:	Term:	Hours Registered:		
Type of Program: Independent Study Abroad	Exchange Pro	gramFaculty-Led Program		
List of Course(s) the Student will take at the host institut				
Course Title	Credit Hours	HCC Equivalency (to be completed by HCC)		
Total Costs (convert to U.S. dollars):				
Tuition/Fees: \$	Transportatio	n 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 Inst if this student withdraws from any of the courses listed a payment of any kind will be made to this student by the	above. I agree that only H			
Signature of Officer	<u> </u>	Date Signed		
Section C: TO BE COMPLETED BY AN HCC ACADEMIC ADVISOR: The above course(s) will be acceptable to transfer and w	ill count towards the stud	lent's degree requirement at HCC.		
HCC Academic Advisor Signature	Date	Printed Name and Title		