



**Consortium Agreement Between  
NHTI-Concord's Community College  
and**

\_\_\_\_\_  
Host Institution  
**APPROVAL TO TAKE COURSES AT ANOTHER INSTITUTION**

Name: \_\_\_\_\_ SSN/ID# \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_

Preferred e-mail: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of Host Institution \_\_\_\_\_ Semester: \_\_\_\_\_ Major: \_\_\_\_\_

This agreement by and between NHTI and \_\_\_\_\_ is made pursuant to Title IV regulations governing students taking courses at another institution for credit toward NHTI degree or certificate programs.

**COURSE(S) APPROVED ONLY WHEN SIGNATURE IS OBTAINED.  
COURSE DESCRIPTIONS MAY BE REQUIRED FOR APPROVAL.**

<b>Course Number/Title/Number of Credits/Cost</b>	<b>NHTI Equivalent</b>
1. _____	_____
_____	_____
<i>Admissions Office or Department Head Signature (major field courses <u>require</u> signature of Department Head)</i>	<i>Date Approved</i>

<b>Course Number/Title/Number of Credits/Cost</b>	<b>NHTI Equivalent</b>
2. _____	_____
_____	_____
<i>Admissions Office or Department Head Signature</i>	<i>Date Approved</i>
<i>(major field courses <u>require</u> signature of Department Head)</i>	

**Credit for the above course(s) will be accepted as transfer credit by NHTI provided: grade earned is a "C" or better; AND credit has not been earned via Challenge Exam, Credit by Exam or Pass/Fail grading. NOTE: Transfer credits do not affect grade point average at NHTI. To be eligible for an NHTI degree, students must satisfactorily complete a minimum of 16 credits of course work at NHTI-controlled courses with at least half of these credits in last semester major field courses. Exceptions require the approval of the Vice President of Academic Affairs and the Academic Standards Committee.**

**Student Authorization for payment of tuition and fees to the host Institution from NHTI  
and Release of Transcripts**

I authorize NHTI to pay my tuition and fees to the host institution named above for the courses listed above out of my financial aid award for the current academic year. I understand that payment will be made to the host institution and I accept responsibility for any unpaid balances at both institutions. It is the student's responsibility to make sure all balances are paid at each institution.

I authorize \_\_\_\_\_(Host Institution) to release an official copy of my transcript to \_\_\_\_\_ (Home Institution). I understand that the course will not transfer into my Home Institution, to meet my program requirements, unless I receive a grade of "C" or better (grades of C- and below will not transfer), but all grades and credit hours will be counted in my attempted hours for Financial Aid purposes.

\_\_\_\_\_  
Student Signature and Date

\_\_\_\_\_  
Please Print Name

**Certification of Financial Aid Eligibility**

The Financial Aid Office at NHTI has packaged the student listed on page 1. He/She eligible for financial aid in an amount sufficient to cover tuition and fees at both NHTI and the host institution for the semester specified in the consortium agreement.

\$\_\_\_\_\_ is the amount of Financial Aid available for the host institution.

\_\_\_\_\_  
NHTI Financial Aid Officer

\_\_\_\_\_  
Date

Office Use Only:

**Verification of Registration to be completed by Financial Aid Office at the Host Institution**

*I have reviewed the registration form for the above named student for the semester specified and can confirm that, as of this date the student is registered for the courses listed on page 1 of this agreement.*

*Total cost of the tuition and fees for the courses listed on page 1 is \$\_\_\_\_\_*

\_\_\_\_\_  
*Host Institution Financial Aid Officer*

\_\_\_\_\_  
*Date*

CC: Bursar's Office \_\_\_\_\_  
Student \_\_\_\_\_  
Registrar \_\_\_\_\_