



1 College Place
Claremont, NH 03743
Phone: 603.542.7744 800.837.0658
Fax: 603.543.1844

Keene Academic Center
438 Washington St., Keene, NH 03431
Phone: 603.357.2142
Fax: 603.357.0408

Lebanon Academic Center
15 Hanover St, Lebanon, NH 03766
Phone: 603.443.4201

Website: www.rivervalley.edu

Consortium Agreement

You must be a matriculated student receiving financial aid to complete a *Consortium Agreement*. Your financial aid must be “in place” meaning you have submitted your *Award Notification Letter*, *Financial Aid Deferment Agreement* form and *Student Title IV Authorization* form. (If you accepted the loan portion of you will need to have completed an Entrance Counseling and Mater Promissory Note.)

A *Consortium Agreement* serves two purposes. The first being the course(s) are approved as part of your program and meets graduation requirements. Secondly, it lets the host institution (CCSNH Sister Colleges) know you have financial aid to cover the cost of the class(s).

Please note: early submission of a Consortium Agreement increases your chances of enrollment into the course(s). Approval of a Consortium Agreement is **not** a guarantee you will be enrolled into that course(s); that decision is contingent upon the host campus.

Instructions for completing the Consortium Agreement:

1. Complete the Consortium Agreement(s), list the course number(s), title(s), credits and cost(s). **Also include start/end dates of course(s).**
2. It is the **STUDENT’S RESPONSIBILITY** to obtain signatures from your Program Director/Advisor for approval that the class is part of your program and graduation requirement. The VP of Academic Affairs, signature is also required.
3. Once all signatures have been obtained, give the Agreement form to the Financial Aid Office. {They will review/approve it, should the student have aid to cover the course(s).} Also, attach a copy of the completed **Host Institution’s “Registration”** form to be included with this fax.
4. The Financial Aid Office will fax the form(s) to the Host Institution(s).
5. **After a 48-hour time period the student will need to contact the Host Institution to verify they have received your Consortium Agreement(s) and are registered for the class(s).**
6. The Business Office will directly pay the Host Institution(s) upon disbursement of aid.
7. **NEW POLICY: If any information is omitted from the Consortium Agreement form it will be returned to the student for completion which will ultimately delay your enrollment.**

PARTICIPATING CAMPUSES

White Mountains CC
P#: 603.752.1113, x3041
800.445.4525
Fax: 603.752.6335
www.wmcc.edu

Lakes Region CC
P#: 603.366.5220
800.357.2992
Fax: 603.524.8084
www.lrcc.edu

Manchester CC
P#: 603.206.8000
800.924.3445
Fax: 603.668.5354
www.mccnh.edu

Nashua CC
P#: 603.578.8903
Fax: 603.883.1636
www.nashuacc.edu

Great Bay CC
P#: 603.427.7610
800.522.1194
Fax: 603.334.6308
www.greatbay.edu

NHTI-Concord’s CC
P#: 603.203.4013
800.247.0179
Fax: 603.230.9306
www.nhti.edu



Consortium Agreement By and Between
River Valley Community College (RVCC)
and

(CCSNH Host Institution)

APPROVAL TO TAKE COURSE(S) 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 RVCC and _____
(CCSNH Host Institution) is made pursuant to Title IV regulations governing students taking courses at another
institution for credit toward RVCC degree, diploma, or certificate programs.

It is the STUDENT'S RESPONSIBILITY to obtain signatures from your Program Director/Advisor for approval that the class is part of your program and
graduation requirement. If this form is incomplete it will be rejected and returned to the student for completion.

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

(REQUIRED) (REQUIRED)
Course Number/Title/Number of Credit(s)/Cost RVCC Equivalent Course Number/Title/Number of Credit(s)/Cost
Start and End Date of course Start and End Date of course

1. _____

Program Director/Advisor Signature Date Vice-President of Academic Affairs Date
(Major Field courses require signature of Program Director)

(REQUIRED) (REQUIRED)
Course Number/Title/Number of Credit(s)/Cost RVCC Equivalent Course Number/Title/Number of Credit(s)/Cost
Start and End Date of course Start and End Date of course

2. _____

Program Director/Advisor Signature Date Vice-President of Academic Affairs Date
(Major Field courses require signature of Program Director)

Credit for the above course(s) will be accepted as transfer credit by RVCC 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 RVCC. To be eligible for an RVCC
degree, students must satisfactorily complete a minimum of 16 credits of course work at RVCC - 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.

