Concurrent Enrollment Agreement

Please Read Carefully:

The purpose of this agreement is to provide financial assistance to eligible students whose primary enrollment is at Broward College and also attending another institution (Secondary Institution) at the same time. This includes the Broward College automotive program.

Criteria:

- You must be enrolled in at least one (1) Broward College course or class credit each term.
- You must be degree seeking and meeting Financial Aid Standards of Academic Progress at Broward College.
- You must be registered for approved courses at the Host Institution to receive aid at BC.
- The credits taken at the other institution must be transferable back to Broward College.
- You must submit your transcript to Broward College at the end of the term.
- You are responsible for paying your tuition and fees to the secondary institution.
- You must be enrolled in a minimum of at least six (6) credits to be eligible for loans.
- It is your responsibility to attend classes as your attendance will be verified prior to all disbursements.

Required items to process agreement:

- Your completed Broward College Concurrent Enrollment agreement with all required signatures (section 1, 2 and 3).
- Your class schedule from your secondary institution showing credits.
- Your receipt showing HOW your classes were paid. Short terms loans cannot be accepted as payment of fees from the other institution.

Broward College Student Financial Services Advisor____________________
Telephone (954) 201-_____ Email____________________________@broward.edu

Secondary School Financial Aid Advisor ______________________________
Telephone ( ) __________ Email ______________________________
Broward College
Student Financial Services Concurrent Enrollment Agreement

225 East Las Olas Boulevard, Fort Lauderdale, FL 33301 Telephone (954) 201-7623
Fax (954) 201-7635

School Year ____________________ Term _______________________________

Section 1: To be completed by the student

Name ___________________________ Broward College Student ID# ________________
SSN XXX-XX____ Telephone (      ) __________ Email ___________________________
Host Institution ______________________________________________________________

I understand the conditions of this agreement and have attached my paid receipt and schedule. I will submit my transcript to Broward College once grades are posted.
X Student Signature _____________________________ Date _________________

Section 2: To be completed by a Broward College Academic Advisor

<table>
<thead>
<tr>
<th>Name of Course at Host Institution</th>
<th>Broward College Equivalent</th>
<th>Broward College Credits</th>
<th>Term Dates</th>
<th>Total Clock Hours for Bright Futures Automotive Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Courses listed above are fully credited toward the student’s degree or certificate.
Broward College Academic Advisor/ Program Manager Print Name:______________________________
Signature ___________________________________________ Campus _______________________
Date _________________ Phone# (      ) ____________________

Section 3: Host Institution information, budget and agrees to:

- Not award financial aid to the student for the periods indicated above.
- Notify Broward College should the student cease enrollment prior to end of term indicated.

Housing Type________________ Room and Board__________________ Tuition/Fees__________

I certify that this student is enrolled in the classes listed in section 2 and is not receiving financial assistance at this institution.
Host Financial Aid Administrator Name_____________________________________________________
Signature ______________________________________________________________________________
Email __________________________________ Telephone________________________________________

Please Note: Broward College will email you prior to disbursements to verify current enrollment.

Section 4: BROWARD COLLEGE Student Financial Services

Campus Advisor ____________________________________________ Date ______________________
Processed by___________________________________________ Date ______________________