



CONSORTIUM AGREEMENT



A consortium agreement is an agreement between two colleges/universities to consider credits taken at both institutions in determining federal financial aid eligibility. The Home Institution is the degree-granting institution that will administer financial aid. The Host Institution is the institution where the student is registered in additional credits. In order to receive federal financial aid for credits taken at both institutions, you must complete this form and return it to the Financial Aid Office at your Home Institution.

STUDENT INFORMATION

_____	_____	XXX-XX-_____	(____) _____ - _____
LAST NAME	FIRST NAME	LAST 4 DIGITS OF SSN	PHONE NUMBER
_____	_____	_____	_____
EMAIL ADDRESS	HOME INSTITUTION STUDENT ID	HOST INSTITUTION STUDENT ID	

HOME INSTITUTION INFORMATION

Home Institution: _____

Enrollment period: (mark one) FALL 20_____ SPRING 20_____ SUMMER 20_____

Deadline to submit this form is the 10th day of the fall or spring semester, or the 5th day of the summer semester, at your Home Institution.

Degree/Certificate: _____ Expected graduation date: _____

STUDENT CERTIFICATION

By signing this agreement, I understand that:

- I must complete the financial aid application process at my Home Institution, including submitting all other documentation and other information requested before this consortium can be approved.
- The Home Institution and Host Institution have different deadlines, census dates, policies, and procedures, and it is my responsibility to know and meet those deadlines and abide by each institution's respective policies and procedures.
- I agree to allow both institutions indicated on this form to share information regarding my registration, transcripts, and financial aid.
- I must be enrolled in at least three (3) credits at my Home Institution to be eligible to participate in this consortium.
- Courses taken at my Host Institution must apply to my degree/certificate program at my Home Institution.
- A consortium agreement may be used for a degree program up to and including a first bachelor's degree. I am not eligible for this agreement if I have already received a bachelor's degree.
- I must immediately inform the Financial Aid Office at my Home Institution of any enrollment changes at my Host Institution. Any changes made could impact the amount of financial aid received and may result in a reduction of previously disbursed financial aid. I am responsible to repay any balance due that is created by enrollment changes. If I drop all of my courses or completely withdraw, I may be required to repay financial aid to both institutions.
- I am only eligible to receive federal financial aid from my Home Institution. My full financial aid amount will be disbursed to my student account at my Home Institution and I must pay my tuition and fees at my Host Institution by their payment deadline.
- I must notify my Home Institution of any other financial assistance (scholarships, waivers, etc.) I am receiving from my Host Institution.
- Satisfactory Academic Progress standards at my Home Institution will be used when determining my initial and continued eligibility for federal financial aid and I must be in good academic standing to participate in a consortium agreement.
- This consortium agreement will terminate upon the conclusion of the enrollment period listed on this form, and that I will need to negotiate a new agreement for each enrollment period at the Host Institution.

STUDENT SIGNATURE

DATE

COURSE INFORMATION – Student must complete with their Academic Advisor at Home Institution

Host Institution: _____

List course(s) to be taken at Host Institution. Include subject and course number.

Remedial and developmental courses or courses taken for audit cannot be approved for a consortium agreement. Courses that have been repeated are evaluated for eligibility and may not be approved.

Course at Host Institution	Credits	Start Date	End Date	Equivalent Course at Home Institution	Repeat course: Y/N Date and final grade

I have reviewed the course of study for this student and confirm that the Host Institution courses listed are required, acceptable for transfer, and will be applied toward the student’s degree or certificate.

_____ (____) ____-____
 HOME ACADEMIC ADVISOR PRINTED NAME HOME ACADEMIC ADVISOR SIGNATURE DATE PHONE NUMBER

FINANCIAL AID OFFICE USE ONLY – Host Institution must complete

Is the student receiving Title IV financial aid through your institution for the enrollment period indicated? [] YES [] NO

Is the student currently registered for the courses listed in the Course Information section? [] YES [] NO

Total cost of courses: \$ _____

I certify that the information provided above is accurate.

_____ (____) ____-____
 HOST FINANCIAL AID REPRESENTATIVE PRINTED NAME HOST FINANCIAL AID REPRESENTATIVE SIGNATURE DATE PHONE NUMBER

FINANCIAL AID OFFICE USE ONLY – Home Institution must complete

The Home Institution agrees to pay Title IV financial aid based on the information provided in this consortium agreement.

_____ (____) ____-____
 HOME FINANCIAL AID REPRESENTATIVE PRINTED NAME HOME FINANCIAL AID REPRESENTATIVE SIGNATURE DATE PHONE NUMBER