

## **Consortium Agreement Procedures**

### **DEFINITION:**

A **consortium agreement** is a contractual agreement between two institutions for students who wish to enroll for classes at another institution concurrently while attending and receiving federal financial aid assistance from the home institution.

### Student's Responsibilities:

1. Read over all of the information carefully.
2. Have advisor from your home school sign the attached enrollment verification form. This is needed to ensure that courses taken at the visited institution are transferable to the student's program at the home school.
3. Must pay all tuition and fees at the visited institution.
4. Provide a copy of grade report at the end of the semester from the visited school.
5. Be in good academic standing.

### Home Institution's Responsibilities:

1. Forward the consortium agreement to the visited institution.
2. Verify enrollment at the visited institution.
3. Disburse funds in accordance with federal regulations.

### Visited Institution's Responsibilities:

1. Must sign and agree to the Consortium Agreement.
2. Provide enrollment verification upon request as established in Consortium Agreement.
3. Notify the home school if the student withdraws or stops attending.

**NOTE:** *There is no guarantee that financial aid funds will completely cover all tuition costs at the visited institution.*

## Request to Enroll for Courses Concurrently at Another Institution

I. Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Major: \_\_\_\_\_ Current GPA: \_\_\_\_\_

I am requesting to take courses at \_\_\_\_\_ for the  
(Name of Visited Institution)  
\_\_\_\_\_ semester which is required for completion of my program. I am currently  
in good academic standing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### II. HOME SCHOOL'S ADVISOR'S APPROVAL

\_\_\_\_\_ is approved to take the following course(s)  
(Student's Name)

at \_\_\_\_\_ which will be accepted as part of his/her  
(Visited Institution)

program requirements at \_\_\_\_\_  
(Home School)

### *PLEASE LIST COURSE NAMES & NUMBERS*

Course(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

*\*Please return to the Financial Aid Office when completed.*