

**INDIANA STATE UNIVERSITY
FINANCIAL AID CONSORTIUM AGREEMENT**

CONS

SECTION A. STUDENT AGREEMENT:

HOME SCHOOL (degree granting): INDIANA STATE UNIVERSITY, Terre Haute, IN 47809

HOST SCHOOL (enrolling): _____, located in _____

This constitutes a financial aid consortium agreement between ISU (HOME school) and the HOST school on behalf of:

Student: _____ SSN: ____ - ____ - ____ ISU ID: _991_ - ____ - ____

Student's Address: _____
City State ZIP

In respect to providing financial aid disbursement (HOME) and accepting academic credits (from the HOST) during the enrollment period beginning _____ M/D/Y and ending _____ M/D/Y for the following pre-approved course [s]: NOTE: Aid is based on semester system. Quarter schools: please convert credits to semesters.

Course: _____ # of semester credit hours: _____ Course: _____ # of semester credit hours: _____

Course: _____ # of semester credit hours: _____ Course: _____ # of semester credit hours: _____

SECTION B. STUDENT CERTIFICATION:

[1] I am a degree-seeking student at Indiana State University.

[2] I will be taking _____ credit hours at Indiana State University while concurrently taking _____ credit hours at the HOST school/institution.

[3] I hereby give permission for the HOST school/institution to release the academic transcript (immediately at the close of the term) directly to Indiana State University for purposes of transferring the pre-approved consortium credit hours to ISU.

[4] I understand that the transferred consortium credit hours will not reflect in my Indiana State University GPA but that the consortium activity will be used to determine my Satisfactory Academic Progress Standards (SAPS) at ISU and will effect any Honors Program calculations. **Failure to maintain Satisfactory Academic Progress (SAPS) will result in the loss of financial aid eligibility.**

[5] I understand I am responsible for the payment of any and all educational costs incurred at the HOST school/institution.

[6] I understand that if I **drop credit hours or withdraw completely** from either Indiana State University or the HOST school/institution during the term specified, I **could be required to repay the financial aid** (including student loans) disbursed through Indiana State University as a result of this consortium agreement. If this should occur, I understand I am **financially responsible for the payment of any and all educational costs at ISU and/or the HOST school/institution.**

[7] You will receive notification (via mail) upon the completion and approval (or denial) of the Consortium Agreement. **The Consortium Agreement is for a single term. In order to have financial aid available for subsequent terms, it is mandatory that the transcript for consortium credit hours be submitted immediately upon the term's completion. Without the transcript on record, aid for the subsequent term will not be available.**

I HAVE READ, DO UNDERSTAND, AND AGREE TO THE ABOVE.

Student's Signature: _____ Date: _____

SEE REVERSE

Section C asks for the signatures of the ISU Department Chair and Academic Dean who are approving the course work in Section A as being transferable and applicable to your degree requirements. When these signatures have been secured, the consortium form is to be submitted to the Financial Aid Office at the HOST school/institution for the certification of costs and enrolled hours. The HOST aid office will provide a signature as well as the address of the HOST Bursar (Controller). Upon completion of this information, the consortium form is ready for submission to ISU's Office of Student Financial Aid.

SECTION C. INSTITUTIONAL CERTIFICATION:

ISU (to be completed by the ISU department confirming degree applicability of transfer hours)

Department Chair (signature)	approved/denied	date
Academic Dean (signature)	approved/denied	date

HOST SCHOOL/INSTITUTION (to be completed by the HOST confirming enrolled hours and costs of consortium hours for the enrollment period)

Number of enrolled credit hours: _____

Tuition/Fees: \$ _____

Books/Supplies: \$ _____

Room/Board: \$ _____

ISU and the HOST School/Institution agree to the following:

1. ISU is the HOME institution for ALL financial aid matters.
2. ISU considers the above named student to be accepted as a degree-seeking candidate.
3. ISU is the degree-granting institution for the above named student.
4. ISU will provide financial aid disbursements for the above named student as appropriate (under Title IV guidelines) for the term specified above.
5. ISU will accept transfer credits from the HOST school/institution for the previously approved courses for which the student has received a grade of "C" or above on the same basis as if providing the course itself. Grades earned at the HOST school/institution will not be averaged into the student's grade point average at ISU.
6. ISU will monitor Satisfactory Academic Progress using all courses taken both at ISU and the HOST school/institution.
7. The HOST school/institution agrees not to provide financial aid for the above named student during the specified consortium term with the exception of CVO, Voc Rehab, outside scholarships or institutional fee waivers with the prior notification to ISU.
8. The HOST school/institution agrees to notify ISU of any change in the enrollment status of the above named student during the specified consortium term.
9. The HOST school/institution agrees to release the academic transcript of the above named student reflecting the consortium course[s] directly to ISU at the close of the specified consortium term.

Host Financial Aid Administrator (signature)	Title	Date
Host Address	Telephone	FAX
Host Bursar Name	Address	
ISU Financial Aid Administrator (signature)	approved/denied	date
Title	Telephone	FAX