

09-10



Office of Student Financial Aid
150 Tiley Hall, Terre Haute, IN 47809
Phone: (812) 237-2215 or (800) 841-4744
Fax: (812) 237-4330 or (812) 237-3925
Email: finaid@indstate.edu
Web: www.indstate.edu/finaid

FINANCIAL AID CONSORTIUM AGREEMENT

SECTION A: GENERAL INFORMATION

This document constitutes a financial aid consortium agreement between Indiana State University, (Home School), Terre Haute, IN 47809 and the HOST School: _____, located in _____ on behalf of:

Student: _____ SSN: _____ - _____ - _____ ISU ID: 991- _____ - _____

Student's Address: _____
City State ZIP

SECTION B: STUDENT CERTIFICATION

[1] I am a degree-seeking student at Indiana State University. I will be taking _____ credit hours at Indiana State University while concurrently taking _____ credit hours at the HOST school/institution.

[2] I understand that Indiana State University will not apply aid to correspondence courses taken at another school.
List here if any of the credit hours are correspondence courses: _____.

[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 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: _____

SECTION C: INSTITUTIONAL CERTIFICATION OF CONSORTIUM COURSES

The department certifies that the courses listed below are transferable and applicable toward the student's degree requirements.

NOTE: Financial Aid is based on a semester system. **Quarter schools:** please convert credits to semesters. The enrollment period begins _____ and ends _____.
(mm/dd/yy) (mm/dd/yy)

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

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

Department Chair (signature) Date Academic Dean (signature) Date

09-10



Office of Student Financial Aid
150 Tirey Hall, Terre Haute, IN 47809
Phone: (812) 237-2215 or (800) 841-4744
Fax: (812) 237-4330 or (812) 237-3925
Email: finaid@indstate.edu
Web: www.indstate.edu/finaid

Student: _____ SSN: _____ - _____ - _____ ISU ID: 991- _____ - _____ - _____

SECTION D: TO BE COMPLETED BY THE HOST SCHOOL/INSTITUTION

The HOST School agrees to abide by the guidelines listed below:

[1] 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.

[2] 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.

[3] 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.

[4] The HOST school/institution agrees to confirm the enrollment hours and costs of consortium hours for the enrollment period in (Section B) by completing the information listed below. **Please exclude credit hours and cost for correspondence courses.**

Number of enrolled credit hours: _____
Tuition/Fees: \$ _____
Books/Supplies: \$ _____
Room/Board: \$ _____
Total Cost of Attendance at HOST School: \$ _____

Host Financial Aid Administrator (signature)	Title	Date
Host Address	Telephone	FAX
Host Bursar Name	Address	

SECTION E: TO BE COMPLETED BY INDIANA STATE UNIVERSITY (HOME SCHOOL)

The HOME School agrees to abide by the guidelines below:

[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 not apply aid to correspondence courses taken at another school.

[5] ISU will provide financial aid disbursements for the above named student as appropriate (under Title IV guidelines) for the term specified above.

[6] 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.

[7] ISU will monitor Satisfactory Academic Progress using all courses taken both at ISU and the HOST school/institution.

ISU Financial Aid Administrator (signature)	Approved	Date
Title	Telephone	FAX