



# CONSORTIUM AGREEMENT

This consortium Agreement is entered into between \_\_\_\_\_(home institution) and \_\_\_\_\_(host institution) for the purpose of providing federal, state and institutional financial assistance to the student listed below. The completed document must be on file with all concerned parties before any financial aid funds will be disbursed for the period of enrollment specified in the agreement.

**Consortium Period:** Fall 20\_\_\_\_Spring 20\_\_\_\_Summer 20\_\_\_\_(Consortium Agreement is for **one** term only. Please complete a new consortium agreement for each additional term.)

**Part 1: To be completed by Student**

**Campus:** Florham \_\_\_\_\_ **Metro**\_\_\_\_\_

Last Name,		First Name		EMPL ID	
Street Address		City,		State Zip Code	
( )					
Phone Number		Email			

I certify that I am a matriculated student at Fairleigh Dickinson University (**home institution**). I affirm that the courses I plan to take at the host institution can be used toward that completion of my degree at the home institution as certified by my home institution academic official.

I am requesting that the home institution award and disburse financial aid based on my enrollment at the host institution.

I affirm that I have completed the necessary financial aid applications and will adhere to all financial aid processing requirements and deadlines as established by the home institution.

I understand that I am responsible for paying tuition, fees and other expenses as charged by the home/host institution and that I could be responsible for repaying some or all of the financial aid disbursed to me if I fail to begin attendance or withdraw from courses.

I understand that the disbursement of funds from Fairleigh Dickinson University may occur after the host institution’s payment deadlines. It is my responsibility to adhere to the deadlines and policies of the host institution, regardless of Fairleigh Dickinson University disbursement dates.

I agree to inform the home institution’s financial aid office if I fail to begin attendance in the courses approved under this consortium agreement. I further agree to notify the home and host institutions immediately of any change in enrollment status including withdrawing from all classes or substitution of approved courses.

I acknowledge that I am responsible for arranging an official transcript of coursework taken at the host institution be sent to my home institution as soon as possible at the completion of the consortium period. Failure to arrange for an official transcript in a timely manner may result in a hold placed on my student account.

Will you be enrolled at both the home and host campus for the period of enrollment covered by this agreement?

\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**Student’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Part 2: To be completed by the Academic Advisor and Registrar's Office at the Home Institution**

I affirm that the courses listed below, if successfully completed, are transferable and applicable to the above student's degree. I have advised the student that this coursework must be transferred back to Fairleigh Dickinson University before the next registration period.

Name of Course	# of Degree Credits	Term Taken	Institution Equivalent

Home Institution Academic Advisor Name \_\_\_\_\_ Signature \_\_\_\_\_  
 Title and Department \_\_\_\_\_ Date \_\_\_\_\_

Home Institution Registrar's Office Name \_\_\_\_\_ Signature \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

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**Part 3: To be completed by Host Institution**

Host Institution's Name \_\_\_\_\_

Address \_\_\_\_\_

Dates of Enrollment: \_\_\\_\_\\_\_ to \_\_\\_\_\\_\_ Semester \_\_\_\_\_ Academic Year \_\_\_\_\_

Cost of Attendance	
Tuition & Fees	
Room & Board	
Books & Supplies	
Transportation	
Other (Specify)	
<b>Total Cost of Attendance</b>	

Registered Course #	Registered Course Title	Number of Credits

**CERTIFICATION**

- The host institution certifies that the above-named student is enrolled for stated period of attendance. The host institution certifies that it will inform home institution if the student withdraws from any or all courses before the end of the period of enrollment covered by this agreement. In the case of total

withdrawal, that information will include, if known, the student's last day of attendance.

- The host institution agrees not to pay the student Pell Grant and/ or any campus-based funds and will not certify a Federal Student Loan for the period of attendance.
- The host institution certifies that it is a Title IV eligible institution.

**REFUND POLICY:** All financial aid will first be applied to the student's account at Fairleigh Dickinson University. Any funds remaining after any charges on the student's Fairleigh Dickinson University account are paid will be refunded directly to the student. **It is the student's responsibility to pay any outstanding charges incurred to the host institution.**

**Host Institution Official's Name** \_\_\_\_\_ **Signature** \_\_\_\_\_  
**Title** \_\_\_\_\_ **Date** \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

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**Part 4: To Be Completed by Home Institution Financial Aid Office**

Financial aid awards to be received at the home institution by the student for the period of enrollment covered by this agreement are as follows:

Federal Pell:	
Federal SEOG:	
Direct Loan:	
Other (Specify):	

The home institution agrees to monitor the student's satisfactory academic progress, be responsible for disbursing funds to the student and for administering the appropriate refund policy (see Section 3), including the recalculation of any Title IV aid if the student should withdraw.

**Home Institution Financial Aid Officer Name** \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_