Consortium Agreement

In order to receive financial aid from the University of Idaho under this consortium agreement, you are required to complete this form and return it to Student Financial Aid Services, University of Idaho, PO Box 444291 Moscow, Idaho 83844-4291; Phone (208) 885-6312; Fax (208) 885-5592.

Definitions

Parent Institution: The degree-granting institution, University of Idaho.

Visiting Institution: The institution offering the coursework to degree-seeking students of the parent institution.

Visiting Student: A degree-seeking student admitted at the parent institution but taking coursework at the visiting institution under this agreement.

The parent institution will accept credits taken at the visiting institution for academic coursework applicable to a degree granted by the parent institution. A visiting student enrolled either partially or wholly at the visiting institution is entitled to evaluation and receipt of all Title IV student financial assistance from the parent institution in accordance with the practices and policies of the parent institution. The parent institution agrees to determine eligibility for and disburse student financial aid funds to visiting students. A student is eligible to receive Title IV financial assistance only from the parent or degree-granting institution. A student requesting to be considered as a visiting student must complete and return this form to the Office of Student Financial Aid Services at the University of Idaho in order to be considered for Title IV aid at the University of Idaho. **The institution and student are responsible for providing grade transcripts to the University of Idaho from the visiting institution at the end of the semester.**

SECTION I. To be completed by the visiting student

Name _____ Social Security Number _____

Address _____ Phone _____

Major Field of Study _____

Degree Objective _____ Expected Date of Graduation _____

Name of Visiting Institution _____

Mailing Address of Visiting Institution _____

ENROLLMENT PERIOD: (MARK ONLY ONE) FALL 20_____ SPRING 20____ SUMMER 20____

List the course to be taken at the visiting institution:

Number	Title	Credits: Semester ____ Quarter _____ (Mark one)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total credits_____

Student Certification

I understand that by signing this agreement, I am asking the parent institution to pay Title IV financial assistance to me for classes that I agree to complete at the visiting institution. I understand that this consortium agreement will terminate immediately following the conclusion of the enrollment period indicated above and that I will need to complete a new consortium agreement for each period of attendance at the visiting institution. ***I agree to provide a grade transcript and give permission to the visiting institution to provide an official grade transcript for the enrollment period indicated above to the University of Idaho at the end of the semester.*** Upon receipt of transcripts, any repeat or preparatory courses may not be counted toward your degree program and could result in suspension of financial aid. To the best of my knowledge all information provided on this form is true and complete.

_____ _____

Visiting Student Signature Date

SECTION II. To be completed by the visiting institution

The student submitting this form to you is requesting financial aid at the University of Idaho under a consortium agreement with your institution. The above named student will receive Title IV financial assistance through the University of Idaho for the enrollment period listed in Section I. Please provide the information requested below.

Is the student currently registered for the classes listed in Section I? _____ YES _____ NO

These classes begin on _____ and end on _____
MM / DD / YYYY MM / DD / YYYY

The total cost for these classes is $ _____College Board Code:_____
(SGBI School Code)

I certify that the information provided above is accurate. I agree to notify the Office of Student Financial Aid Services at the University of Idaho if this student withdraws from any of these classes and provide an academic transcript of the student's records.

_____ _____
Financial Aid Officer, Visiting Institution (please print) Phone Number

_____ _____
Financial Aid Officer, Visiting Institution (signature) Date

SECTION III. To be completed by the Office of the Registrar, University of Idaho

The courses listed in Section I, which will be taken at the visiting institution, will be accepted toward the degree stated by the student in Section I.

_____ _____
Registrar, University of Idaho Date

Posted credits by_____

SECTION IV. To be completed by the Office of Student Financial Aid Services, University of Idaho

The University of Idaho agrees to pay Title IV financial assistance based on the information provided in this consortium agreement.

_____ _____
Daniel D. Davenport Date
Director, Student Financial Aid Services, University of Idaho