

STUDENT SIGNATURE

CONSORTIUM AGREEMENT



A consortium agreement is an agreement between two colleges/universities to consider credits taken at both institutions in determining federal financial aid eligibility. The Home Institution is the degree-granting institution that will administer financial aid. The Host Institution is the institution where the student is registered in additional credits. In order to receive federal financial aid for credits taken at both institutions, you must complete this form and return it to the Financial Aid Office at your Home Institution.

STUDENT INFORM	IATION – To be completed by stude	ent	
LAST NAME	FIRST NAME	XXX-XX- LAST 4 DIGITS OF SSN	()
EMAIL ADDRESS		U of I VANDAL STUDENT ID#	HOST INSTITUTION STUDENT ID
UNIVERSITY OF ID	AHO INFORMATION – To be compl	eted by student	
Home Institution: <u>U</u>	University of Idaho		
		[] SPRING 20 g semester, or the 3 rd day of the summer ser	
Degree-Seeking Pro	ogram:	Expected gr	aduation date://
STUDENT CERTIFIC	CATION – To be completed by stude	ent	
By signing this agre	ement, I understand that:		
	e financial aid application process at my his consortium can be approved.	Home Institution, including submitting all ot	her documentation and other information
	on and Host Institution have different de nes and abide by each institution's respe	eadlines, census dates, policies, and procedu ective policies and procedures.	res, and it is my responsibility to know and
_		share information regarding my registration	
		Institution to be eligible to participate in thi gree/certificate program at my Home Institut	
A consortium agree		m up to and including a first bachelor's degr	
could impact the a	mount of financial aid received and ma nat is created by enrollment changes. If	Home Institution of any enrollment changes y result in a reduction of previously disburse I drop all of my courses or completely without	ed financial aid. I am responsible to repay
		Home Institution. My full financial aid amour at my Host Institution by their payment dea	
		sistance (scholarships, waivers, etc.) I am re	
	mic Progress standards at my Home ins nust be in good academic standing to pa	stitution will be used when determining my articipate in a consortium agreement.	initial and continued eligibility for federal
_	reement will terminate upon the concl r each enrollment period at the Host Ins	usion of the enrollment period listed on this titution.	s form, and that I will need to negotiate a

DATE

Host Institution:						
ist course(s) to be taken at Host Instit Remedial and developmental courses or course are evaluated for eligibility and may not be	urses takei	n for audit cai			ium agreement. Course	s that have been repeat
Course at Host Institution	Credits	Start Date	End Date	Equivalent Cou	rse at U of I	Repeat course: Y/N Date and final grad
FINANCIAL AID OFFICE USE ONLY — To					t period indicated?	[]YES []NO
s the student currently registered for	the cours	es listed in t	the Course I	nformation sect	tion?	[] YES
otal cost of courses: \$						
certify that the information provided abov	e is accura	ite.				
IOST FINANCIAL AID REPRESENTATIVE PRINTED NAME		IOST FINANCIAL A	AID REPRESENTAT	IVE SIGNATURE	DATE	() PHONE NUMBER
***** Once ce	rtified by	Host Institution	on, please se	nd to <u>consortium</u>	@uidaho.edu. ****	
REGISTRAR OFFICE USE ONLY – To be the courses listed above, which will be take		-				dent (page 1, sec. 2) at tl
Jniversity of Idaho.						
EGISTRAR CERTIFYING OFFICIAL, U OF I (PRINT)	REG	GISTRAR CERTIFYII	NG OFFICIAL, U C	F I (SIGNATURE)	DATE	(208) 885 - 6731 PHONE NUMBER
FINANCIAL AID OFFICE USE ONLY – To						
The Home Institution agrees to pay Title IV	financial a	id based on th	ne informatio	n provided in this	consortium agreement.	
U of I FINANCIAL AID REPRESENTATIVE PRINTED NAME		of I FINANCIAL A	ID REPRESENTAT	 IVE SIGNATURE	 DATE	(208) 885 - 6312 PHONE NUMBER