



# 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 INFORMATION – To be completed by student

_____	_____	XXX-XX-_____	(____) _____ - _____
LAST NAME	FIRST NAME	LAST 4 DIGITS OF SSN	PHONE NUMBER
_____	_____	_____	_____
EMAIL ADDRESS	U of I VANDAL STUDENT ID#	HOST INSTITUTION STUDENT ID	

## UNIVERSITY OF IDAHO INFORMATION – To be completed by student

Home Institution: University of Idaho

Enrollment period: (mark one)     FALL 20\_\_\_\_\_     SPRING 20\_\_\_\_\_     SUMMER 20\_\_\_\_\_

*Deadline to submit this form is the 10<sup>th</sup> day of the fall or spring semester, or the 3<sup>rd</sup> day of the summer semester, at U of I.*

Degree-Seeking Program: \_\_\_\_\_ Expected graduation date: \_\_\_/\_\_\_/\_\_\_\_\_

## STUDENT CERTIFICATION – To be completed by student

### By signing this agreement, I understand that:

- I must complete the financial aid application process at my Home Institution, including submitting all other documentation and other information requested before this consortium can be approved.
- The Home Institution and Host Institution have different deadlines, census dates, policies, and procedures, and it is my responsibility to know and meet those deadlines and abide by each institution's respective policies and procedures.
- I agree to allow both institutions indicated on this form to share information regarding my registration, transcripts, and financial aid.
- I must be enrolled in at least three (3) credits at my Home Institution to be eligible to participate in this consortium.
- Courses taken at my Host Institution must apply to my degree/certificate program at my Home Institution.
- A consortium agreement may be used for a degree program up to and including a first bachelor's degree. I am not eligible for this agreement if I have already received a bachelor's degree.
- I must immediately inform the Financial Aid Office at my Home Institution of any enrollment changes at my Host Institution. Any changes made could impact the amount of financial aid received and may result in a reduction of previously disbursed financial aid. I am responsible to repay any balance due that is created by enrollment changes. If I drop all of my courses or completely withdraw, I may be required to repay financial aid to both institutions.
- I am only eligible to receive federal financial aid from my Home Institution. My full financial aid amount will be disbursed to my student account at my Home Institution and I must pay my tuition and fees at my Host Institution by their payment deadline.
- I must notify my Home Institution of any other financial assistance (scholarships, waivers, etc.) I am receiving from my Host Institution.
- Satisfactory Academic Progress standards at my Home Institution will be used when determining my initial and continued eligibility for federal financial aid and I must be in good academic standing to participate in a consortium agreement.
- This consortium agreement will terminate upon the conclusion of the enrollment period listed on this form, and that I will need to negotiate a new agreement for each enrollment period at the Host Institution.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

**COURSE INFORMATION – To be completed by student**

Host Institution: \_\_\_\_\_

List course(s) to be taken at Host Institution. Include subject and course number.

Remedial and developmental courses or courses taken for audit cannot be approved for a consortium agreement. Courses that have been repeated are evaluated for eligibility and may not be approved.

Course at Host Institution	Credits	Start Date	End Date	Equivalent Course at U of I	Repeat course: Y/N Date and final grade

**FINANCIAL AID OFFICE USE ONLY – To be completed by Host Institution**

Is the student receiving Title IV financial aid through your institution for the enrollment period indicated?     YES     NO

Is the student currently registered for the courses listed in the Course Information section?                   YES     NO

Total cost of courses: \$ \_\_\_\_\_

I certify that the information provided above is accurate.

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 HOST FINANCIAL AID REPRESENTATIVE PRINTED NAME                  HOST FINANCIAL AID REPRESENTATIVE SIGNATURE                  DATE    PHONE NUMBER

\*\*\*\* Once certified by Host Institution, please send to [consortium@uidaho.edu](mailto:consortium@uidaho.edu). \*\*\*\*

**REGISTRAR OFFICE USE ONLY – To be completed by the Office of the Registrar, University of Idaho**

The courses listed above, which will be taken at the host institution, will be accepted toward the degree stated by the student (page 1, sec. 2) at the University of Idaho.

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    (208) 885 - 6731  
 REGISTRAR CERTIFYING OFFICIAL, U OF I (PRINT)                  REGISTRAR CERTIFYING OFFICIAL, U OF I (SIGNATURE)                  DATE    PHONE NUMBER

**FINANCIAL AID OFFICE USE ONLY – To be completed by Student Financial Aid Services, University of Idaho**

The Home Institution agrees to pay Title IV financial aid based on the information provided in this consortium agreement.

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    (208) 885 - 6312  
 U OF I FINANCIAL AID REPRESENTATIVE PRINTED NAME                  U OF I FINANCIAL AID REPRESENTATIVE SIGNATURE                  DATE    PHONE NUMBER