

# CONSORTIUM AGREEMENT APPLICATION



**A Consortium Agreement** is a contract between two colleges/universities that recognizes the registration of a student at each site for financial aid purposes. It also certifies that only one of the two colleges/universities will administer Title IV financial aid for the student. **The Home Campus** is the school where the student is fully matriculated and from which he/she will get a degree. **The Host Campus** is where the student temporarily takes courses and credits will be transferred back to the Home Campus.

## GUIDELINES FOR STUDENTS INTERESTED IN PARTICIPATING IN A CONSORTIUM AGREEMENT:

- Student is responsible for having the Host Campus complete the Consortium Agreement Application and for submitting the completed form to the Financial Aid Office. Student seeking to participate in a consortium agreement for more than one quarter must reapply with a new application each quarter.
- Student must be enrolled in a degree or certificate program at the Home Campus and take courses at the Host Campus which are transferable to that program as certified by the Registrar's Office.
- Student is advised to make financial arrangements with the Host Campus by the appropriate deadline for bill payment as arrangements for a consortium agreement may take several weeks.
- Consortium agreements allow a student to get the same amount of financial aid he/she would normally receive for registering for all classes at the Home Campus. Life University does not automatically send funds to the Host Campus on behalf of the student. It is the responsibility of the student to use any refund to pay the bill at the Host Campus.
- Student must immediately inform both the Home and Host Campuses of any change in enrollment status, including withdrawing from all courses or substitution of approved courses.
- Student must provide the Home Campus with the Host Campus academic transcript upon completion of the consortium period.

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Student SSN \_\_\_\_\_ Quarter Requested \_\_\_\_\_

Host Campus \_\_\_\_\_

This student is seeking a degree from Life University and plans to enroll at the Host Campus listed above. This Consortium Agreement will allow Life University to disburse financial aid based on the student's combined enrollment at both institutions. Life University is responsible for determining eligibility and awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and federal reporting requirements. After all Life University charges are paid, Life University will disburse any excess aid to the student. **The student is responsible to directly pay the charges at the Host Campus.**

My signature below verifies that the above information is correct and the coursework I am enrolled for at the Host Campus will lead to a degree at Life University. Any deviation of courses from the certification by the Registrar's Office may result in the loss of federal financial aid. My signature indicates my permission for the Host Campus to provide enrollment information and permission to release my grades, verbally or written, to the Life University Office of Financial Aid.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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## HOST CAMPUS SECTION:

Student Name: \_\_\_\_\_

Enrollment Period: From \_\_\_\_\_ to \_\_\_\_\_

Tuition & Fees: \$ \_\_\_\_\_

Books & Supplies: \$ \_\_\_\_\_

Last day to drop these courses: \_\_\_\_\_

Name of Course (OR Attach Schedule)	Course Number	Please Confirm the # of Enrolled Credits
Total Credits		

By signing this agreement the Host Campus verifies that the student listed above will not receive financial aid, during the term in attendance, from the Host Campus. The Host Campus will notify Life University of any changes in enrollment during the period above in a timely manner. Any enrollment changes must be faxed to 770-426-2926; Attention: Financial Aid Director.

Name of Host Campus Representative \_\_\_\_\_

Title of Host Campus Representative \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax Number \_\_\_\_\_ Telephone or Email \_\_\_\_\_

## PLEASE RETURN COMPLETED FORM PROMPTLY TO:

Life University Office of Financial Aid  
1269 Barclay Circle  
Marietta, GA 30060  
Fax 770-426-2926  
FinAidMail@life.edu

<p><b>Office Use Only • Intake and Processing – Please Initial and Date</b></p> <p>Rec'd by: _____ Date: _____</p> <p>Processed By: _____ Date: _____</p>
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