



CONSORTIUM AGREEMENT BETWEEN

Division of Enrollment Management
 Office of Financial Aid
 1 Castle Point Terrace Hoboken, NJ 07030
 P: 201-216-3400 / F:201-216-8050
 Financialaid@stevens.edu

and

Host School

Home School

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 school is the degree-granting institution that will administer financial aid. The host school 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 school.

SECTION 1: STUDENT INFORMATION - (TO BE COMPLETED BY STUDENT)

Student Name: _____ Last 4 of SSN: _____ Phone Number: _____
 E-Mail Address: _____ CWID: _____ Host School Student ID: _____

STUDENT CERTIFICATION:

By signing this form, I understand that:

- I must complete the financial aid application process at my Home institution, including submitting all documentation and information requested before this consortium agreement can be approved. **(A copy of your itemized bill at the host school must be attached)**
- I agree to allow both institutions indicated on this form to share information regarding my registration, transcripts and financial aid.
- 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.
- Courses taken at my Host Institution must apply to my degree of study at Steven’s Institute of Technology
- 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.

Student Signature: _____ Date: _____

SECTION 2: TO BE COMPLETED BY STUDENT - (TO BE COMPLETED WITH YOUR ACADEMIC ADVISOR AT STEVENS)

Student’s Program of Study: _____ Enrollment Term: Fall 20 Spring 20 Summer 20

List Course(s) to be taken at Host Institution.

Course Name	Credits	Start Date	End Date

I have reviewed the program of study for this student and confirm that the Host Institution courses listed are **required, acceptable for transfer and will be applied toward the student’s current degree.**

Name of Advisor: _____ Signature of Advisor: _____ Date: _____

SECTION 3: TO BE COMPLETED BY THE OFFICE OF FINANCIAL AID - (Host School)

Is the student receiving Title IV Financial Aid through your institution for the enrollment period indicated above:

YES NO

Is the student currently registered for the course listed in the Course Information Section?

YES NO

Estimated Costs for Enrollment Period:

Tuition and Fees	\$
Room and Board	\$
Books	\$
Travel	\$
Miscellaneous	\$
Total	\$

Under this consortium agreement, the Host School, will make available applicable student consumer information required under Title IV. I certify that the information provided above is accurate.

Name of FA Representative: _____ Signature FA Representative: _____ Date: _____
 Phone Number: _____ E-Mail Address: _____

Please E-Mail completed form to **financialaid@stevens.edu**