

2023-2024 CONSORTIUM AGREEMENT

It is the student's responsibility to complete this form and have the appropriate signatures and approvals at both Stevens Institute of Technology and the visiting institution. Prior to the completion of this form please contact your major department and complete the Visiting Student Authorization form which allows you to take credits at another university and have them transfer back to Stevens Institute of Technology. Please be aware that there are specific requirements to attend another institution.

If your enrollment status changes it is the student's responsibility to notify both the Financial Aid and Registrar's Office in writing of these changes.

Student Information Name_ Permanent Address			SS#	siting Semester
Permanent Address			Address during vis	siting semester
Stevens Institute of Technology	<u>ogy</u>			
The student must obtain writt	<i>en permission</i> from thei	r academic advisor a	and the Registrar's office	to enroll as a transient student.
The student listed above is a de	egree-seeking student at	Stevens Institute of	Technology. The stude	nt will be enrolled as a Visiting student at _
During the(semes	ter/year) of the	academic yea	r. The student named n	nay qualify for financial aid administered by
Stevens Institute of Technology	based on the following i	nformation.		
1. The student has	permission to enroll as a	a Visiting student?	[] Yes	[] No
2. Beginning and e	ending date of the semes	ter/year (circle one_	:	
Academic Advisor/Dean Sigr (a copy of your completed To	nature			_Date
		st be attached to th	is document)	
<u>/ISITING SCHOOL INFORMAT</u>	<u>ION</u>			
3. Charges for the sem	nester/year (circle one)			
a. Tuition/Fe	es			
b. Room/Boa	ard			
c. Books/Su	•			
d. Miscellane	eous			
e. TOTAL				
	enrolled for	ŭ	•	
5. The institution the si Education to participat	tudent will attend,e in the Title IV Aid progr	ams as defined in 3	4 CFR Part 600: [] Y	, is approved by the U.S. Department of es [] No
6. If the student withdr Institute of Technology	aws during the academic of the date of the withdr	period indicated, awal and any reduct	ion in the student's char	ges [] Yes agrees to inform Stevens
that all Title IV and State aid w	Il be calculated and disb	ursed through Steve	ns Institute of Technolog	aid program at the schools listed above agree gy (the degree granting institution) in accordance equirements will also be monitored by Stevens
Stevens Institute of Technology	ogy	Visiti	ng Institution	
Signature	Date	 Signa	ture	Date
Print Name/Title		 Print N	 lame/Title	email address