

STUDENT FINANCIAL ASSISTANCE
**Consortium Agreement
 (ASU as Parent Institution)**

Academic Year 2010-2011

If you need assistance with completing this form, please call our office at 480-965-3355 or visit one of our office locations listed at students.asu.edu/contact/financialaid.

SECTION A: IDENTIFYING INFORMATION (MUST BE COMPLETED BY THE STUDENT. PLEASE PRINT CLEARLY.)					
Last Name		First Name		Middle I.	10-Digit ASU ID
Local Street Address		City		State	Zip Code
					Daytime Phone Number

INSTRUCTIONS

YOU ARE REQUIRED TO complete all six actions below.

1. You must complete Sections B and E; your ASU academic advisor must complete Section C, and have your non-parent institution financial aid office must complete Section E. Sections B through E are on page two.
2. Attach **both** a copy of your registration schedule from your non-parent institution **and** proof of payment to this completed form. Failure to provide this information will result in this form being returned unprocessed. Return this form to Student Financial Assistance by the deadline below.*
3. Enroll in at least one ASU credit hour for the semester in question. Registration in correspondence or audit courses is not allowed.*
4. Notify Student Financial Assistance if you drop or withdraw from any courses.*
5. Submit official grade transcripts from your non-parent institution to the ASU Registrar's Office at the end of the semester for which this agreement was granted. These credit hours must be counted toward the ASU 64 credit hour maximum. Failure to submit grades in a timely manner will result in a hold on future financial aid disbursements. If you are a College of Law student, please submit these materials to the College of Law Registrar's Office.*
6. Due to system limitations, you may receive notification stating that you are not meeting ASU's Satisfactory Academic Progress requirements. If you receive this notification, please contact our office.

**If you are a College of Law student, submit this form and official grade transcripts to the College of Law. Notify your college if you drop or withdraw from any courses. Law students are not required to enroll in at least one ASU credit hour.*

SUBMISSION DEADLINES (Deadline dates are firm; forms submitted late or incomplete will be returned unprocessed.)

Fall 2010: September 8, 2010 **Spring 2011:** February 7, 2011 **Summer 2011:** Summer Census Date (visit students.asu.edu/financialaid/calendar for Census date)

RETURN THIS FORM TO: Student Financial Assistance, P.O. Box 870412, Tempe, AZ 85287-0412 or fax to 480-965-9484, unless otherwise instructed by a financial aid staff member. FedEx and UPS customers must send to: Student Services Building #203, Forest & Gammage Parkway, Tempe, AZ 85287. Average processing times for this type of form are available at students.asu.edu/financialaid/processingtimes.

AWARD PRORATION INFORMATION (CENSUS POLICY)

PLEASE NOTE: ASU's Census policy (students.asu.edu/policies/census) states that the disbursements of the following types of awards are **prorated based on your ASU enrollment status only**† (i.e., consortium hours do not count†). Please review the entire Census policy at students.asu.edu/policies/census for details on how other awards are prorated based on your enrollment.

Award	# of ASU Credits = % of Award Received					
	Undergraduate			Graduate		
LEAP Grant, Obama Scholar Funds, ASU Advantage	12+	=	100%	N/A		
	1-11	=	0%			
FSEOG, Financial Aid Trust Grant, ASU Grant, University Grant	12+	=	100%	N/A		
	9-11	=	75%			
	6-8	=	50%			
	1-5	=	0%			
Federal Perkins Loan	12+	=	100%	9+	=	100%
	9-11	=	75%	7-8	=	75%
	6-8	=	50%	5-6	=	50%
	1-5	=	0%	1-4	=	0%
Scholarships	See individual donor and/or university criteria for your scholarship(s).					

†ASU School of Social Work Tucson Component students will receive full aid consideration.

FOR OFFICE USE ONLY

ASU Credits	Non-Parent Institution Credits	Scholarships Awarded This Term	Paid Receipt Received
		<input type="checkbox"/>	<input type="checkbox"/>
ASU Financial Aid Counselor Signature			Date
Staff Initials	Date	E	P
		<input type="checkbox"/>	<input type="checkbox"/>
Notes:			

Last Name	First Name	Middle I.	10-Digit ASU ID	9-Digit Campus ID

SECTION B: COURSE INFORMATION (TO BE COMPLETED BY THE STUDENT. DO NOT LEAVE ANSWERS BLANK. PLEASE PRINT CLEARLY.)

Are you participating in the ASU School of Social Work Tucson Component? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a College of Law student? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

What is your planned enrollment in regular credit hours for the semester in question (attach additional pages if necessary)?			
Institution	Course Prefix & Number	Course Title	Credit Hours
At ASU (parent institution)			
At Non-Parent Institution			

Please initial each line indicating that you understand the following terms:

- _____ I must pay my non-parent institution. ASU will not provide early release of financial aid or send payments to your non-parent institution.
- _____ I will receive limited consideration for some financial aid programs according to the chart on page one of this form. (Exception: ASU School of Social Work Tucson Component student will receive full aid consideration.)
- _____ I understand that I may lose institutional scholarships because I need to maintain full-time enrollment at ASU. To retain other scholarships, such as private donor and academic department scholarships, I understand that I must submit a letter to the ASU Scholarship Office from the donor/department authorizing credit of my scholarship(s) at a lower ASU credit hour enrollment.
- _____ I can only enroll in non-parent institution courses that are applicable to my ASU degree or certificate program.
- _____ I can only receive financial aid from ASU for the semester in question. All financial aid records for this period will be maintained at ASU.
- _____ I must maintain Satisfactory Academic Progress as outlined by ASU's SAP policy (students.asu.edu/policies/sap).
- _____ I understand that ASU reserves the right not to enter into this consortium agreement if, in the opinion of ASU's Student Financial Assistance office, it would be administratively prohibitive.
- _____ I understand to contact my lender(s) to defer my past loans.
- _____ I understand this agreement does not guarantee an increase in the amount of financial aid I will be eligible to receive.

SECTION C: ACADEMIC ADVISOR CERTIFICATION (MUST BE COMPLETED BY YOUR ASU ACADEMIC ADVISOR. PLEASE PRINT CLEARLY.)

Certification: I have reviewed course of study of the student listed in Section A above and affirm that the non-parent institution courses listed in Section B above are required, acceptable for transfer, will be applied toward the student's degree or certificate, if complete with a grade of "C" or better, and all other university requirements have been satisfied.

ASU Academic Advisor's Signature		Date form was signed
Print Name	College/Department	Office Phone Number

SECTION D: NON-PARENT INSTITUTION CERTIFICATION (MUST BE COMPLETED BY YOUR NON-PARENT INSTITUTION'S FINANCIAL AID OFFICE. PLEASE PRINT CLEARLY.)

Certification: The student listed in Section A of this form is registered the number of credits hours, at the institution, and for the semester listed below. As the non-parent institution, we will not process this student for financial assistance, all records will be kept at Arizona State University (parent institution) and we agree to share information about this student's enrollment as requested by ASU Student Financial Assistance.

Number of Enrolled Credits	Semester (semester & year)	Name of Institution		
Institution Address	City	State	Zip Code	
Non-Parent Institution Financial Aid Office Staff Signature		Date form was signed		
Print Name	Office Phone Number	Office Fax Number		

SECTION E: CERTIFICATION AND SIGNATURE (MUST BE COMPLETED BY THE STUDENT AND THE STUDENT'S PARENT, IF DEPENDENT.)

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years. *I also agree to allow my non-parent institution to release requested student information to ASU's Student Financial Assistance office staff that relate to this agreement only.*

Student's Signature	Date form was signed
---------------------	----------------------