

Office of Student Financial Aid

150 Tirey Hall, Terre Haute, IN 47809

(812) 237-2215 or (800) 841-4744 Phone: Fax: (812) 237-4330 or (812) 237-3925 Email: $\underline{ISU\text{-}finaid@mail.indstate.edu}$ www.indstate.edu/finaid Website:

Consortium Agreement (Please use black or blue ink to complete this form)

				991-	
Student First Name	M.I.	Last Name		ID Number	
SECTION A. General Informat	tion				
Complete the general informati Host School Student ID:					
This document constitutes a financial 47809 and the HOST School:					
SECTION B. Student Certifica	tion – You must read.	, complete, and sign	this section.		
(1) I am a degree-seeking student at 1 (2) I will be taking credit hour			ly takingcredit	hours at the HOST school.	
Host Course/ Number	ISU Course Equiv	valent Cr	edit hours	Enrollment Dates	
					_
					-
					_
(3) I understand that Indiana State Un List here if any of the credit hor(4) I hereby give permission for the					
Indiana State University for purp (5) I understand that the transferred activity will be used to determine calculations. Failure to maintain (6) I understand I am responsible for (7) I understand that if I drop credi term specified, I could be requiresult of this consortium agreeneducational costs at ISU and/or the single term. Without the transcript to request the official transcript for (9) I understand that repeat coursework.	consortium credit hour ne my Satisfactory Acad SAPS will result in the lathe payment of any and it hours or withdraw content. If this should occur nent. If this should occur ne HOST school. In the will be a content of the content of the content of the pt on record, aid for the content of the host school be sork rules apply the same	es will not reflect in medemic Progress Standa loss of financial aid elided all educational costs in the completely from either all aid (including stude cur, I understand I ame completion and approvations subsequent term will refer to the Indiana State	ay Indiana State University (SAPS) at ISU and at ISU an	and will affect any Honors Proschool. resity or the HOST school during Indiana State University ble for the payment of any a consortium Agreement. This is followed that it is my responsible Admissions.	ing the ty as a and all
Student Signature (Required)		Da	 .te		
For priority processing, please	e submit ALL required	documents by:			
Fall : July 1, 2016		rember 15, 2016		pril 15, 2017]
After these dates, you should	be prepared to make par	yment arrangements w	ith the Bursar's Offic	e.	
SECTION C. Institutional Cert	ification of Consortiu	m Courses			
Take to your Department Chair I certify that the courses listed in S			•		
Department Chair Signature (Required) Date Academic Dean Signature (Required) Date					

1 of 2 **CONS**

Consortium Agreement

(Please use black or blue ink to complete this form)

		991					
Student First Name M.I.	Last Name	ID Number					
SECTION D. To be completed by the Host School							
The HOST School agrees to abide by the guidelines listed below:							
(1) The HOST school agrees not to provide financia exception of CVO, Vocational Rehab, outside schol-							
(2) The HOST school agrees to notify ISU of any consortium term.	change in the enrollment status of	the above named student during the specified					
(3) The HOST school agrees to release the academic to ISU at the close of the specified consortium term.	ranscript of the above named stude	ent reflecting the consortium course[s] directly to					
(4) The HOST school agrees to confirm the enrollment hours and costs of consortium hours for the enrollment period in (Section B) by completing the information listed below. Please exclude credit hours and cost for correspondence courses.							
NOTE: Financial Aid is based on a semester system. Quarter schools: please convert credits to semesters.							
Is the student receiving any financial	Number of enrolled credit hours	s:					
assistance at the HOST School?	Tuition / Fees:	\$					
☐ Yes What type: No Amount: \$	Books / Supplies:	\$					
No Amount: \$	Room / Board:	\$					
	Total Cost at HOST School:	\$					
Host Financial Aid Administrator Signature (Required)	Title	Date					
Host Address	Telephone	Fax					
Host Financial Aid Administrator's Email Address							
Host Bursar Name	Address						
SECTION E. To be agreed upon by Indiana State	University (Home School)						
(1) ISIL is the HOME institution for ALL financial aid matters							

- (1) ISU is the HOME institution for ALL financial aid matters.
- (2) ISU considers the above named student to be accepted as a degree-seeking candidate. ISU is the degree-granting institution for the above named student.
- (3) ISU will follow the same policy and procedure for repeat coursework that is followed with courses taken at ISU.
- (4) ISU will not apply aid to correspondence courses taken at another school.
- (5) ISU will provide financial aid disbursements for the above named student as appropriate (under Title IV guidelines) for the term specified above.
- (6) ISU will accept transfer credits from the HOST school for the previously approved courses for which the student has received a grade of "C" or above on the same basis as if providing the course itself. Grades earned at the HOST school will not be averaged into the student's grade point average at ISU.
- (7) ISU will monitor Satisfactory Academic Progress using all courses taken both at ISU and the HOST school.

2 of 2 **CONS**