VALLEY CITY STATE UNIVERSITY

Consortium Agreement

A consortium agreement, which can exist between eligible schools only, can apply to all the SFA Programs. Under such a written agreement, students may take courses at an institution other than the 'home' institution where the student expects to receive a degree or certificate and have those course(s) from the 'host' institution count toward the degree or certificate at the 'home' school

(*Note, the "host" is defined as the non-degree granting institution delivering the course(s).

Student Name: _____ Last four digits SS#: _____

Current Permanent Address: _____

Address While Studying at 'Host': _____

_____

Phone #: _____ What term? (circle) Fall Spring Summer Year 20____

Term Starts: _____ Ends: _____

Under this consortium agreement, the student has read and agrees to the following:

1. **That I am expected to utilize my VCSU email account at all times (this is mandatory for 24/7 communication).**
2. **Maintain Satisfactory Academic Progress.**
3. **Be enrolled in a degree, certificate, or other recognized credential program at the Home School.**
4. **Take courses at the Host School which are transferable to my Home School degree, certificate, or recognized credential as certified by my Home School academic advisor.**
5. **That I must file a form for each campus 'hosting' a course(s).**
6. **Notify Valley City State University Student Financial Aid Office if I fail to begin attendance in the courses listed and approved by this consortium agreement by calling (701) 845-7412.**
7. **Immediately inform the Home and Host School of any change in enrollment status, including withdrawing from all courses or substitution of approved courses.**
8. ***Ensure that the Host School provides the Home School with a Host School academic transcript upon completion of the consortium period (future aid will be on 'hold' until transcript is received/evaluated by VCSU) .***
9. **Pay tuition, fees, and other expenses as charged by the Home and/or Host School.**
10. **I understand I must make 'direct deposit' arrangements online with the 'Home' Campus or contact the Home Campus Business Office (701) 845-7246 to make arrangements for aid to be sent to me.**

Student Signature: _____ Date: _____

Host Institution: _____

Mailing Address: _____

Financial Aid Office Phone: _____ FA Office Fax: _____

Courses you will be taking at the Host Institution:

Course Number	Course Title	Credit Hrs	Start Date	End Date

The **"host"** institution Financial Aid Office will review this agreement and, if approved, forward it to the **"home"** institution (fax to 701-845-7410). The **"host"** campus **agrees not to provide financial aid** to this student during this term and will verify class attendance/participation at the start of each semester.

(over)

Under this consortium agreement, the Host School:

1. Certifies that the student listed has been accepted for enrollment in an academic program that meets the Title IV student financial aid eligiblity requirements.
2. Will make available applicable student consumer information required under Title IV.
3. Will provide the Home School with documentation of the student's enrollment at the Host School.
4. Agrees to notify the Home School if the student fails to enroll in, began attendance in, or withdraws from, the Host School (to include the withdrawal date and other relevant information).
5. Will provide the Home School with a Host School acadmic transcript upon completion of the consortium period.

Will the student receive financial aid at your instituion? ____Yes ____No

Type & amount of funding from _____ $_____
Host School: _____ $_____

Enrollment Period Dates: From: _____ To: _____

Host Campus:
Tuition/Fees due: $_____ Room/Board due: $_____ Total Due: $_____

Host Campus Financial Aid Officer's Signature:_____

Printed Name:_____ Title:_____

Telephone #: _____ Date:_____

Email address: _____

Home Campus Contact:

Betty Kuss Schumacher, Director (701) 845-7412 Office
Student Financial Aid (701) 845-7410 Fax
Valley City State University
101 College Street SW
Valley City, ND 58072

revised 5/11/2015

Home Campus Advisor Certification: (VCSU FA Office will work with advisor)

My signature confirms that I have reviewed the 'host' campus courses for this semester.

___Yes ___No All courses are required for the appropriate degree, certificate, or recognized credential at the Home School (Valley City State University).

Signed: _____ Date: _____

Printed Name: _____ Title: _____

Comments: