

VALLEY CITY STATE UNIVERSITY

Application for Distance Education/Consortium Agreement Between Two Institutions

Consortium Agreement (taken from 1999-2000 Student Financial Aid Handbook chapter on Institutional Eligibility and Participation) Chapter 9 - page 205

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 a *school other than the **"home"** institution (**the school where the student expects to receive a degree or certificate**) and have those course(s) 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).) This agreement is not intended for students enrolled in Elementary Ed at NDSU.

Elements of a Consortium Agreement

There is no limit on the portion of the eligible program that may be provided by eligible schools other than the home school. Agreement contents can vary widely and will depend upon the interests of the schools involved and the accrediting or state agency standards. The Department does not dictate the format of the agreement (which can be executed by several different offices) or where the agreement is kept. However, certain information should be included in all agreements, such as which school will grant the degree or certificate, what the student's tuition, fees, and room and board costs are at each school, and what the student's enrollment status will be at each school. The agreement should also specify which school will be responsible for disbursing aid and monitoring student eligibility and should include the procedures for calculating awards, disbursing aid, monitoring satisfactory progress and other student eligibility requirements, keeping records, and distributing SFA funds. Usually, the home institution is responsible for disbursements, but if the student is enrolled for a full term or academic year at the host institution, it may make payments. The school paying the student must return SFA funds if required (for example, in refund or overpayment situations).

INSTRUCTIONS

Student, completes Sections A & B

Institution that "will not pay Financial Aid" complete Section C

Institution that "will pay FINANCIAL AID" complete Section D

SECTION A - Application to Participate (to be completed by student)

Name SS#
Last First MI

Present Address:
 PO Box or Street Address

City State Zip

Home Phone #:
 Area Code

E-mail Address:

Currently I am pursuing a degree from
"home" institution

Complete Address:
 Street Address

City State Zip

I plan to enroll for courses from the following **"host"** institution:

Name of institution:

Complete Address:
 Street Address

City State Zip

In addition to the above, I will also be submitting agreements from the following schools:

Name of Institution City State Zip

Name of Institution City State Zip

If you are considering more than two additional institutions, please attach a list.

Since hours enrolled each semester can vary, financial aid will be calculated on a semester by semester basis. The student must submit a consortium agreement for each semester (preferably one month before the start of the semester).

This agreement is for: Summer 200____ Fall 200____ Spring 200____ Summer 200____

For the semester indicated, I plan to enroll at the "home" institution for: Credits

For the same semester, I plan to enroll at this "host" institution for: Credits

In order to determine if the "host" courses are applicable toward the degree at Valley City State University, the student must attach a copy of planned enrollment from the "host" (giving the Dept. name, course number, title and description) in addition to a course syllabi.

SECTION B - Agreement to Participate - Student

1. By applying for this agreement between the "home" institution and the "host" institution, I agree to inform the institution paying financial aid, immediately if a class is dropped.

2. I understand that it is my responsibility to make sure that at the completion of the semester, a copy of my transcript is sent from the "host" institution to the "home" institution.

3. I also give permission to the Financial Aid Office at the "home" institution
 to request a copy of my academic transcript from the "host" institution
 at the completion of the Consortium Agreement Semester which will run from:

Start: End:
 Month Day Year Month Day Year

4. I understand that courses must be completed within the semester (15 weeks) enrolled. Courses not completed at the end of the semester will prevent aid for the next semester.

Signature

Date
 Month Day Year

SECTION C - Completed by "host" _____ "home" _____ institution - Certification

(please indicate "host" or "home" as it will apply to the non-paying institution)

The following student, _____ will be enrolled at

_____ for the following semester:

Summer 200____ Fall 200____ Spring 200____ Summer 200____

This student will be enrolled during the above semester for: Credits

The charges by this institution for tuition/fees for this semester will be \$ _____

1. This institution agrees not to provide financial assistance to the above named student (if eligible), for the term specified.

2. This institution agrees to accept funds from the funding institution and act as distributor to the student for the "funding" institution (funds will be sent to the person identified below).

Print Name & Title: _____

Name of Institution: _____

Complete Address: _____

Signature: _____ Date _____

SECTION D - Financial Aid Payment Data (for aid granting institution)

(please indicate "host" _____ or "home" _____ as it will apply to the institution providing aid)

Hours at "HOME" institution	<input type="text"/>	HOME Institution:	<input type="text"/>
Hours at "Host" institution - 1st	<input type="text"/>	Host Institution 1st	<input type="text"/>
Hours at "Host" institution - 2nd	<input type="text"/>	Host Institution 2nd	<input type="text"/>
Hours at "Host" institution - 3rd	<input type="text"/>	Host Institution 3rd	<input type="text"/>

Budget:	Tuition/fees "home" institution	\$ _____
	Tuition/fees "host" institution - 1st	\$ _____
	Tuition/fees "host" institution - 2nd	\$ _____
	Tuition/fees "host" institution - 3rd	\$ _____
	Books/supplies	\$ _____
	Room/board	\$ _____
	Miscellaneous Expense	\$ _____
	Total	\$ _____

Approved

Denied

Once completed, a copy of this form will be returned to the non-paying institution. Before acting as an agent for the paying institution, you must check to verify enrollment at your institution.

Signature _____ Date _____

Title _____ Institution _____