



FINANCIAL AID
CONSORTIUM AGREEMENT

HOME INSTITUTION: Fayetteville State University shall be considered the “home” institution, and will be responsible for determining student eligibility and the disbursement of the Title IV financial aid for the student during the period of this agreement.

HOST INSTITUTION: _____ shall be considered the “host” institution and shall provide information to be the “home” institution regarding admission status, registration, tuition & fees, room & board, and other pertinent costs during the period of this agreement.

The two institutions named above are herein entering into a consortium agreement for:

_____	_____
Student’s Name	FSU Banner ID
Academic Year _____	Semester: Fall 20 _____ Spring 20 _____
	Summer I 20 _____ Summer II 20 _____
COST OF PROGRAM (To Be Completed By Host Institution)	COURSES STUDENT WILL BE TAKING AT THE HOST INSTITUTION (To Be Completed By Host Institution)
Tuition & Fees _____	_____
Room & Board _____	_____
Books & Supplies _____	_____
Transportation _____	_____
Miscellaneous _____	_____
TOTAL _____	_____

Section 1: To be completed by Student

The student is currently seeking a degree as () an undergraduate/ () graduate student and is making satisfactory academic progress at the Home Institution. This student’s status is: () dependent/ () independent; () resident/ () non-resident; () on-campus/ () off-campus for the () fall/ () spring semester, _____. These courses will be accepted for full credit toward the student’s degree program at the Home Institution, provided a grade no less than a “C” is reported for an undergraduate student and “B” for a graduate student, in each course.

Please read the following information before you sign the consortium agreement:

- An overaward exists whenever a student is receiving a Pell Grant at multiple schools for the same period.
- Student will be responsible for forwarding final grades from the host institution to FSU. An official transcript must be sent to the Registrar’s Office after completion of the term.
- Satisfactory academic progress (SAP) must be maintained for all students on financial aid and satisfactory academic progress will be monitored.
- FSU, Office of Financial Aid will not be responsible if the student is dropped from classes at the host institution for nonpayment.

I understand the information above and agree to receive financial aid at Fayetteville State University and not receive any aid at the host institution. Also, I understand that I must submit final grades for the classes on this agreement at the end of the semester in order to receive future aid at FSU.

Student Signature _____ Date _____

Section 2: To be completed by the Home Institution and Host Institution

Home Institution agrees to process and disburse Title IV funds, in accordance with prescribed federal regulations, exclusive of Federal Work Study, and forward a check to the host institution in an amount payable to the student for the semester/term of the agreement if all of the requirements below are satisfied:

- Student submitted a receipt of information pertaining to the cost of program from the Host Institution
- Student submitted evidence that he or she is enrolled in at least six (6) credit hours for the period of this agreement
- Student is enrolled in department approved courses at the host institution

The Host Institution agrees to notify the Home Institution of any changes in the student’s enrollment status. In the event the student drops course(s) or ceases to continue enrollment, each institution will apply its own refund policy. If a refund is due to the Title IV program at the host institution, the “host” institution shall pay the refund promptly to the home institution. Calculation of any necessary repayment of a cash disbursement will be performed by the “home” institution.

This Agreement May Be Canceled By Either Institution Upon Written Notification, Only.

_____	_____
Home Institution Director of Financial Aid	Host Institution Director of Financial Aid
_____	_____
Date	Date

_____	_____
Home Institution Registrar	Host Institution Registrar
_____	_____
Date	Date

_____	_____
Home Institution Student Accounts/Business Office	Host Institution Student Accounts/Business Office
_____	_____
Date	Date