

# Consortium Agreement 2018-2019



\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Washburn ID

Please read and complete the Consortium Agreement.

Financial Aid Office  
1700 SW College • Topeka, KS 66621  
(785) 670-1151 • (785) 670-1079 fax  
washburn.edu/financial-aid • financialaid@washburn.edu

## Consortium Agreement

A student may receive federal financial aid from only one school during any given semester. A Consortium Agreement is an arrangement between a student's degree-granting institution (home institution) and another Title IV eligible institution (host institution). The agreement allows the home institution to count the courses being taken at the host institution in the aid calculation. For courses to be financial aid eligible, they must count towards satisfying the student's degree requirements at Washburn University.

### Terms of Agreement:

- The student must be admitted to Washburn University as a degree-seeking student in a financial aid eligible program of study.
- The student must be enrolled in at least 3 hours at Washburn University to be eligible for a Consortium Agreement. Typically if a student is enrolled in full-time (12 hours) for the semester, the Consortium Agreement is denied. If there are extenuating circumstances, please contact the Financial Aid Office for an appointment to discuss the situation.
- All classes taken at the host institution must transfer and apply to the completion of the student's degree at Washburn University.
- A valid reason must be given for taking courses at another institution.
- The student will be responsible for applying for and completing all necessary requirements including eligibility requirements for the receipt of financial aid before the agreement is considered valid.
- Financial aid will only be received at the home institution, Washburn University.
- The student will be responsible for any costs of the program not covered by financial aid.
- To receive federal loans, the student must be enrolled at least half-time between the two institutions.
- Academic scholarships require that the student be enrolled as a full-time student at Washburn University. Departmental scholarships will be subject to the criteria of the department.
- The student must notify Washburn University's Financial Aid Office if they change or withdraw from classes at the host institution. Doing so may change or eliminate financial aid eligibility previously awarded to the student. If financial aid has already been paid, the student will be responsible for any balance due to the return of financial aid funds.
- As a condition of this agreement, the student grants permissions to both Washburn University and the host institution to share all relevant information relating to the student's application for and receipt of financial aid.
- The student will be responsible for ensuring Sections A, B, and C of this form are completed before submitting it to the Financial Aid Office.
- The completed form must be submitted to the Financial Aid Office by the mid-point of the semester.
- The student must provide final grades at the end of the semester for the courses taken at the host institution. A copy of the final transcript must be sent to Washburn University's Registrar.

### Section A (To Be Completed by the Student)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip Code

**Home Institution: Washburn University-** The home institution will grant the degree, calculate the awards, disburse financial aid, report enrollment level to NSLDS, monitor satisfactory academic progress and determine refund/repayment.

\_\_\_\_\_  
Major/Degree at Washburn University

\_\_\_\_\_  
Estimated Graduation Date

**List the courses you will be taking at the Home Institution - Washburn University**

\_\_\_\_\_  
Course #                      # of Credit Hours                      Course Name                      Beginning Date                      Ending Date

\_\_\_\_\_  
Course #                      # of Credit Hours                      Course Name                      Beginning Date                      Ending Date

\_\_\_\_\_  
Course #                      # of Credit Hours                      Course Name                      Beginning Date                      Ending Date

\_\_\_\_\_  
Course #                      # of Credit Hours                      Course Name                      Beginning Date                      Ending Date

**Provide a written statement of the reason you are taking courses at another institution. Taking a course at another institution because it is cheaper or easier is not a valid reason. If more space is needed, please attach additional pages of your written statement. Attach supporting documentation as applicable.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List the courses you will be taking at the Host Institution**

\_\_\_\_\_  
Name of Host Institution

\_\_\_\_\_  
Location of Host Institution

\_\_\_\_\_  
Course #                      # of Credit Hours                      Course Name                      Beginning Date                      Ending Date

\_\_\_\_\_  
Course #                      # of Credit Hours                      Course Name                      Beginning Date                      Ending Date

\_\_\_\_\_  
Course #                      # of Credit Hours                      Course Name                      Beginning Date                      Ending Date

\_\_\_\_\_  
Course #                      # of Credit Hours                      Course Name                      Beginning Date                      Ending Date

**I certify that I am seeking a degree from Washburn University and the classes I am enrolled in through the Host institution count toward my degree. I understand that I will receive my financial aid from Washburn University based on my enrollment at both institutions. I realize that I will be responsible for payment at the Host institution. I also understand that I must maintain Satisfactory Academic Progress in accordance with Washburn University's policy and I agree to submit an official transcript to the Washburn University Registrar's Office at the completion of the semester. I understand that all future aid at Washburn University will be held until the transcript is received and reviewed. I have read, understood, and will abide by the terms of this Consortium Agreement.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

*This agreement must be completed by the student, Academic Advisor, and host institution before being submitted to the Financial Aid Office.*

**Section B (To Be Completed by Academic Advisor)**

I, \_\_\_\_\_, certify that this student is approved to take the above course(s) at the Host institution. Additionally, I confirm that the courses listed on this form will transfer and apply towards the student's degree completion at Washburn University.

\_\_\_\_\_  
Academic Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Washburn Email Address

\_\_\_\_\_  
Phone Number

**Section C (To Be Completed by Host Institution's Financial Aid Office)**

The visiting student is enrolled in the courses indicated on this form. This represents a total of \_\_\_\_\_ credit hours and I have attached a copy of the student's class schedule. I, \_\_\_\_\_, certify that our institution will not award any financial aid for this enrollment period. I agree to notify Washburn University's Financial Aid Office within 14 calendar days if the student withdraws from the program or changes their enrollment including last date of academic participation.

Enrollment Period: \_\_\_\_\_ to \_\_\_\_\_

Tuition and Fees: \$ \_\_\_\_\_

Books & Supplies: \$ \_\_\_\_\_

\_\_\_\_\_  
Financial Aid Officer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title and Email Address

\_\_\_\_\_  
Phone Number

**Section D (To Be Completed by Washburn University's Financial Aid Office)**

Term of Enrollment: \_\_\_\_\_

Cost of Attendance Home institute-WU: \$ \_\_\_\_\_

Cost of Attendance Host institute: \$ \_\_\_\_\_

Total Cost of Attendance: \$ \_\_\_\_\_

Academic Standing: start of term: \_\_\_\_\_ end of term: \_\_\_\_\_

Satisfactory Academic Progress Status:

start of term: \_\_\_\_\_

end of term: \_\_\_\_\_

\_\_\_\_\_  
Financial Aid Officer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number