



Between (Home school) _____ and (Host Institution) _____

To be completed by the student:

Name: _____ Student ID _____

Address: _____ Phone Number _____

City _____ State _____ ZipCode _____ Email Address _____

Consortium Term: Fall 2021 Spring 2022 Summer 2022

Note: Students must apply for one (1) term per consortium form. Multiple terms will not be considered.

Do you plan to also register at Vanguard University during the consortium term? Yes No

If yes how many units do you plan to register at VU?

Terms and Conditions

Important: Federal and state financial aid may only be received for study abroad programs approved by the Department of Education to participate in Federal Student Aid (FSA) Title IV programs.

I agree to:

- Obtain approval from the Registrar's Office to transfer this coursework to my VU academic record and submit a copy of my Request to Transfer Off-Campus Units Form with this Consortium Agreement.
Complete this Consortium Agreement form at least 30 days prior to beginning enrollment at the host institution. A consortium cannot be completed to receive financial aid after the term of enrollment has ended.
Submit documentation of host institution enrollment to VU's Financial Aid Office prior to the start of enrollment period.
Comply with VU's and the host institution's policies regarding refunds, Satisfactory Academic Progress and all other financial aid eligibility requirements; this includes not receiving aid from more than one institution during the term.
Pay fees according to payment deadlines for each institution. (Note: VU will disburse aid according to VU's disbursement schedule. If fees are due at the host institution prior to the disbursement schedule at VU, the student needs to make other arrangement to pay by that deadline.)
Provide an official academic transcript upon completion of the consortium term to VU's Registrar's Office within 30 days after end of enrollment period.
Allow VU and my host institution to share information relating to my enrollment and financial aid eligibility as well as my host institution to provide the academic transcript.

Student Signature: _____ Date: _____

*Electronic signature not accepted

To be completed by host school's Financial Aid Office:

Enrollment dates at host school: _____ to _____

Enrollment status dates at host school: less than half-time half-time ¾ time full-time

Please list below all the courses the student plans to take at the host institution during the consortium term and the number of credit hours per course. (Please list additional coursework on a separate sheet, if necessary.)

Course _____ Credit Hours _____

Course _____ Credit Hours _____

Is student currently enrolled in the above coursework? Total Credit Hours _____

Cost of Attendance for enrollment period stated above:

*If dollar amount for a section is 0, enter 0, do not leave blank.

Tuition and Fees \$ _____

Room and Board \$ _____

Books and Supplies \$ _____

Transportation \$ _____

Others (Please specify) \$ _____

Total \$ _____

The host institution agrees to:

- Confirm this student is in a transient/visiting status in an academic program that meets Title IV student financial aid eligibility requirements.
- Not award any federal, state, institutional or private aid during the time the student is enrolled at the host institution.
- Accept payment from the student and apply it to direct charges and disburse and credit balance to the student in accordance with the host institution's disbursement policies.
- Notify the Financial Aid Office and Registrar's Office at home institution of any registration changes.
- Provide VU with an academic transcript immediately upon completion of the consortium period, at the student's request. (Note: The student's signature in the first section of this agreement form authorizes the host institution to provide an official academic transcript to VU)

Host School Official's Signature _____ Date _____

Name _____ Title _____

Address _____ Phone Number _____

Fax Number _____ Email address _____