

## Consortium Agreement Aid Year 2012–2013

If you are a degree-seeking student at Drexel University and plan to attend another institution for a term/semester, the Consortium Agreement must be completed in order to receive your federal financial aid.

The Consortium Agreement is a contract between the student, Drexel University (the "home" institution), and the host institution (the other school). The agreement allows Drexel University to process federal student aid for the student while the student is taking approved courses at another institution.

## Terms and Conditions of This Agreement

By signing this Consortium Agreement you agree to the following terms:

- I am asking Drexel University to include my enrollment hours at my host institution for federal, state, and other financial aid eligibility (excluding financial aid consisting of Drexel University funds) at Drexel University. I may only apply for financial aid at Drexel University, and not at the host institution.
- I understand that my financial aid will be applied to my balance owed at Drexel University and that any refund will be sent directly to me. It is my responsibility to pay my host institution for any/all balances owed to it. It is also my responsibility to make sure that Drexel's Office of the Bursar has my current address in order to mail any refund that is available.
- Financial aid will be applied to my account based on the Drexel University disbursement schedule, a copy of which is available in Drexel's Financial Aid Office.
- I agree to authorize my host institution to release any enrollment, academic, and tuition related information to Drexel University for the period of enrollment covered by this agreement.
- I agree to enroll in courses that are transferable to my degree program at Drexel University.
- I understand that I am subject to all policies of Drexel University and the Financial Aid Office, including the Satisfactory Academic Progress requirements.
- I understand that I must notify the Financial Aid Office at Drexel University if my enrollment status changes while I am enrolled at the host institution.
- I understand that I am responsible for getting the completed Consortium Agreement back from the host institution and providing it to the Financial Aid Office at Drexel University.
- I agree to provide the completed Consortium Agreement to Drexel's Financial Aid Office within the first two weeks of the term in which I plan to study at the host institution.
- I understand that failure to complete this Consortium Agreement in its entirety will prevent the disbursement of my financial aid funds.

Student Signature		Date		
Please Print:				
First Name	Last Name	Drexel University ID		

Consortium Agreement Form	(Please	print.)	)
---------------------------	---------	---------	---

Signature \_

on I: To Be Complete	d by the Student				
Last Name		First Nam			
Drexel ID Number _		Host Scho	ool ID or Social Sec	curity Number	
Name of Host Institu	ution				
Contact Person			Telephone	Number	
Street Address					
City			State	ZIP	
on II: To Be Complete	ed by Drexel Univers	sity Academic Advisor			
DU Advisor			Telephone	Number	
College					
		ber of credits expected istered at Drexel for th			
Drexel University En	_		Total Credits R		•
Fall Term/Semester Winter Term Spring Term/Semest Summer Term					
Host Institution Eng Fall Term/Semester Winter Term		· 	Total Credits R	Registered:	
Spring Term/Semest Summer Term	er				
		n to the above-named fulfill degree requireme			t institution and
Signature				Date	
on III: To Be Comple Program Costs:	ted by Host Instituti	on Financial Aid Advis	or		
Tuition and Fees	Room and Board	Books and Supplies	Transportation	Miscellaneous	TOTAL
Enrollment:	Enrollment Period (MM/DD/YY) Academic Term Type (c Start End Registered		m Type (check on	pe (check one) To	
Enrollment Perio				I I	
Enrollment Perio	End Registered	Quarter	Semester	Trimester	
Enrollment Perio		Quarter	Semester Semester	Trimester Trimester	

Date \_