

Consortium Agreement Instructions

If you are a degree-seeking student at Drexel University and plan to attend another institution for a quarter/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 institution). The agreement allows Drexel University to process federal student aid for the student while the student is taking approved courses at another institution. Be sure to provide both pages of this agreement to the Financial Aid Office at the host school and return both completed pages along with proof of registration, such as a billing statement.

Terms and Conditions of This Agreement

By signing this form, 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 to 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 Central 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 Central.
- 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 upon request.
- I understand it is my responsibility to submit my transcript to The Office of the Registrar at the end of the term that covers 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 Drexel Central, including the Satisfactory Academic Progress (SAP) requirements.
- I understand that I must notify Drexel Central at Drexel University if my enrollment status changes while I am enrolled at the host institution.
- I agree to provide the completed Consortium Agreement to Drexel Central within the first two weeks of the term in which I plan to study at the host institution.
- A separate agreement must be completed every term for which I wish to take courses at the host institution and have them counted toward financial aid eligibility.
- I understand that I am responsible for receiving the completed Consortium Agreement back from the host institution and providing it to Drexel Central at Drexel University.
- I understand that I must complete any outstanding financial aid requests on my DrexelOne account in order for the Consortium Agreement to be processed.

Student Signature

Date

Last Name

First Name

Drexel University Student ID

Consortium Agreement

Student Name _____

Drexel University Student ID _____

To Be Completed by the Drexel University Academic Advisor:

By signing this contract, I give permission for the above-named student to enroll in courses at the host institution and certify that the credits earned there will fulfill degree requirements at Drexel University.

Academic Advisor Signature _____

Date _____

Name of Advisor _____

Phone Number _____

Will the student be taking courses at Drexel during enrollment at the host institution?

Yes No

Select the term at Drexel that best corresponds with the enrollment period at the host institution (select one):

- Fall Quarter Fall Semester
 Winter Quarter Spring Semester
 Spring Quarter Summer Semester
 Summer Quarter

Course at Host Institution	Drexel University Equivalent

To Be Completed by the Host Institution Financial Aid Advisor:

Host School Information:

Name of Host Institution _____

Name of Contact Person for Host Institution _____

Contact Person's Telephone Number _____

Tuition	Fees	Room and Board	Books and Supplies	Transportation	Miscellaneous	Total

Enrollment:

Enrollment Period Start Date (MM/DD/YY)	Enrollment Period End Date (MM/DD/YY)	Academic Term Type (Indicate if Quarter, Semester, or Trimester)	Total Credits	Online Y/N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N

By signing this form, I agree to notify Drexel University in writing if the student fails to register, reduces the number of enrolled credits, or withdraws from classes.

Signature _____

Date _____

**Advisor may initiate a Consortium Agreement on behalf of a Drexel degree-seeking student when one or more of the following conditions are met:*

- The course is required for the student's degree at Drexel and not offered at Drexel for the specific term.
- The course is required for the student's degree at Drexel and the course is full.
- The course is at the same level as the student's current program, for example graduate student can only take graduate-level coursework.
- It is not the final year of the student's enrollment at Drexel University.

Electives generally are not approved for the first two conditions since there are typically a variety of electives that can apply toward a student's degree.