

Office of Student Financial Aid

150 Tirey Hall, Terre Haute, IN 47809

(812) 237-2215 or (800) 841-4744 Phone: (812) 237-4330 or (812) 237-3925 Fax: ISU-finaid@mail.indstate.edu Email: www.indstate.edu/financial-aid Website:

Consortium Agreement (Use black or blue ink to complete this form)

Student First Name	M.I.	Last Name	I	SU University ID Number		
Sections A, B, C, and	D must be completed prior	to submitting to the	e ISU Financial Aid Office fo	or Processing.		
SECTION A. Gene	eral Information					
Host School Student ID	Number:					
This document constitutes a financial aid consortium agreement between Indiana State University, (<u>HOME</u> School), Terre Haute, IN 47809 and the <u>HOST</u> School:, zip						
SECTION B. Stud	lent Certification – You must	read, complete, ar	nd sign this section.			
	eeking student at Indiana State		concurrently taking cred	lit hours at the HOST school.		
Host Course/ Number	Equivalent ISU Course Number	Credit hours	Enrollment Start Date MM/DD/YY	Enrollment End Date MM/DD/YY		
	at Indiana State University will			_		
	r school. List here if any of the inscript on record, aid for the sul					
-	cial transcript from the host sch					
consortium act	at the transferred consortium cre ivity will be used to determine nations. Failure to maintain SAP	ny Satisfactory Acad	emic Progress (SAP) at ISU and			
(6) I understand I	am responsible for the paymo	ent of any and all ed	lucational costs incurred at the			
the term specif University as a	at if I drop credit hours or with ied, I could be required to repay result of this consortium agreer educational costs at ISU and/or t	the financial aid (incoment. If this should or	cluding student loans) disbursed	through Indiana State		
-	at I will be notified via e-mail u		and approval (or denial) of the C	Consortium Agreement. This is		
for a single term (9) I understand th	m. at repeat coursework rules apply	in the same manner	on they would if I were taking a	alogg through ICLI		
(9) I understand th		onic signatures will	•	class through 150.		
	(Breen	onie signami es vim	ioi oc accepica)			
Student Signature (Requi	ired)		Date			
For priority processing	g, submit ALL required docume	nts by:				
Fall: July 1, 2021	Spring: Nove	ember 15, 2021	Summer: April 15, 20)22		
After these dates, you	should be prepared to make pay	ment arrangements v	vith the Bursar's Office.			
SECTION C. Insti	itutional Certification of Con	sortium Courses				
	ur Department Chair and A					
certify that the cours	ses listed in Section B2 are trai	isterable to fulfill th	e student's degree requireme	nts.		
Advisor Signature (Re	equired) Dat	e Aca	demic Dean/Chair Signature	(Required) Date		

Consortium Agreement

(Use black or blue ink to complete this form)

Student First Name	M.I.	Last Name	University ID Number			
SECTION D. To be completed by the Host School						
The HOST School agrees to abide by the guidelines listed below:						
 The HOST school agrees not to provide exception of CVO, Vocational Rehab, outsi The HOST school agrees to notify ISU consortium term. The HOST school agrees to confirm the completing the information listed below. Exception 1. 	de scholarshi of any chan enrollment he clude credit	ps or institutional fee waivers with age in the enrollment status of the ours and cost of consortium hours hours and cost for corresponden	out the prior notification to ISU. e above named student during the specified for the enrollment period in (Section B2) by ce courses.			
NOTE: Financial Aid is based on a semester system. Quarter schools: convert credits to semesters.						
Is the student receiving any financial assistance at the HOST School?		Number of enrolled credit hours:				
Yes What type:		Tuition / Fees: Books / Supplies:	\$			
No Amount: \$		Room / Board:	\$			
		Total Cost at HOST School:	\$			
Host Financial Aid Administrator Signatur	Date					
Printed Name of Host Financial Aid Admi	Telephone					
Host Address			Fax			
Host Financial Aid Administrator's Email Address						
Host Bursar Name		Host Bursar Email Address				
SECTION E. ISU Terms and Conditions						

- (1) ISU is the HOME institution for ALL financial aid matters.
- (2) ISU considers the above named student to be accepted as a degree-seeking candidate. ISU is the degree-granting institution for the above named student.
- (3) ISU will follow the same policy and procedure for repeat coursework that is followed with courses taken at ISU.
- (4) ISU will not apply aid to correspondence, independent study, or non-credit bearing courses taken at another school.
- (5) ISU will provide financial aid disbursements for the above named student as appropriate (under Title IV guidelines) for the term specified on page one.
- (6) ISU will accept transfer credits from the HOST school for the previously approved courses for which the student has received a grade of "C" or above on the same basis as if providing the course itself. Grades earned at the HOST school will not be averaged into the student's grade point average at ISU.
- (7) ISU will comply with Satisfactory Academic Progress standards and return of Title IV regulations for all coursework attempted.