

Financial Aid Office
 Consortium Agreement
 Between
Eastern Connecticut State University
 And

Name of Host School

Eastern Connecticut State University and the above named school are herein entering into a consortium agreement for:

Section I - For Student to Read AND Complete

Name of Student	Social Security No.	Telephone No.	E-mail Address
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NOTE: Students must complete a form for each semester for which they wish to receive financial aid under a consortium agreement.

For which semester are you completing this form? Fall Spring Summer

Are you a: Undergraduate Graduate

The student must:

1. Take courses at the Host School which are transferable to their degree program at ECSU.
2. Be enrolled in a degree-granting program at ECSU and making Satisfactory Academic Progress as specified by the ECSU Financial Aid Office Satisfactory Academic Progress policy.
3. Submit this completed form along with a copy of their registration from their Host School to the Financial Aid Office at ECSU.
4. Submit grade transcripts from their Host School to the ECSU Registrar at the end of the semester.
5. NOT be receiving financial aid at the Host School.

Note: You are responsible for the bill at the Host School. Your classes will not transfer back to Eastern until payment has been received.

Student's Signature/Date	Printed Name

Section II - To be completed by the student's ECSU Academic Advisor or appropriate Dean.

Please list course(s) the student is taking at the Host School which are applicable to their program at ECSU with appropriate number of credits per course.

Example: English 410 / 03			
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Academic Advisor's Signature/Date	Printed Name
Campus Address:	Campus Phone No:

Section III A - To be completed by the Host School

Will the student receive financial aid at your institution? Yes No

If "Yes," **STOP**. Do not complete the remainder of this form. Please sign the form and return it to the address below.

If "No," please complete the remainder of this form.

Section III B - To be completed by the Host School

Dates of Enrollment under this Agreement: / / to / /

Tuition and Fees to be incurred by Student: \$

Books and Supplies: \$

Please notify Eastern Connecticut State University's Financial Aid Office if the student withdraws from any classes taken under this Agreement.

Host School's Financial Aid Officer's Signature	Please Print or Type Name
Telephone Number	Email Address
	Date

Comments:

Please return this form to:

Eastern Connecticut State University
 Financial Aid Office
 83 Windham Street
 Willimantic, CT 06226

ECSU USE **ONLY** BELOW THIS LINE

- QVTC Agreement
 MCTC Agreement