



EASTERN CONNECTICUT STATE UNIVERSITY

83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

Consortium Agreement between Eastern Connecticut State University And

Name of *HOST* College: _____

Section ONE –Student

Name of Student	Eastern ID Number	Telephone Number

Semester: Fall Spring Summer

NOTE: Financial Aid Students **MUST** complete a Consortium Agreement form for **EACH** semester they receive aid.

Are YOU an: Undergraduate OR Graduate

The student **MUST**:

1. Complete the Consortium application by the **3rd** week of the ECSU semester (*except* for **Summer**).
2. Be enrolled in a **degree-granting program** at ECSU and making **Satisfactory Academic Progress (SAP)** as specified by the ECSU **SAP** policy.
3. Register for courses at the **HOST College** which are transferable to the degree program.
4. Submit this completed form **WITH** a copy of the registration from their **HOST College** to the Financial Aid Office at ECSU.
5. Have the **HOST College** send grade **transcripts** to the ECSU **Registrar’s Office** at the end of the semester.
6. **NOT** be receiving Financial Aid at the **HOST College**.

NOTE: **YOU** are **fully responsible** for paying the bill at the **HOST College**. Grades will **NOT** transfer without **FULL** payment!

Student’s Signature	Today’s Date	Printed Name

Section TWO –Student’s ECSU Academic Advisor or Dean

Please List **ALL** the courses the student is taking at the **HOST College**, which are applicable to their degree program including number of credits per course.

Example: History321/ 03(credits)			
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Academic Advisor’s Signature/Date	Printed Name	Campus Extension

Section THREE –HOST College

Will the student receive Financial Aid at your Institution Yes No

If “Yes”— **No further action is required**. Please sign and return to Eastern at address below. Thank you.

If “No” Please complete the remainder of this form.

Dates of Attendance under this Agreement- Starting: ____ / ____ / ____ Ending: ____ / ____ / ____

Tuition & 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

Host School’s Financial Aid Officer’s Signature	Date	Telephone Number	E-Mail Address	Please PRINT Name

Please return this form to: **Eastern Connecticut State University**
ATTN: Financial Aid Office
83 Windham Street, Willimantic, CT 06226
FAX #: (860) 465 – 2811

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