Consortium Agreement between Eastern Connecticut State University

Name of HOST Institution:__________________________________________________________

Section ONE – Student

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Eastern ID Number</th>
<th>Telephone Number</th>
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Semester:  ☐ Fall  ☐ Spring  ☐ Summer

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

Status: ☐ 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!

<table>
<thead>
<tr>
<th>Student’s Signature</th>
<th>Today’s Date</th>
<th>Printed Name</th>
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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: History 321/ 03 (credits)

<table>
<thead>
<tr>
<th>Academic Advisor’s Signature/Date Extension</th>
<th>Printed Name</th>
<th>Campus</th>
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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

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<thead>
<tr>
<th>Host School’s Financial Aid Officer’s Signature</th>
<th>Date</th>
<th>Telephone Number</th>
<th>E-Mail Address</th>
<th>Print Name</th>
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Please return this form to: Eastern Connecticut State University
ATTN: Financial Aid Office
83 Windham Street, Willimantic, CT 06226
FAX #: (860) 465 – 2811 / financialaid@easternct.edu