



EASTERN CONNECTICUT STATE UNIVERSITY

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

2022-2023 Consortium Agreement between Eastern Connecticut State University

And

Name of HOST Institution: \_\_\_\_\_

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.

Status:  Undergraduate OR  Graduate

The student MUST:

1. Complete the Consortium application by the 3<sup>rd</sup> 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. Submit this completed form **WITH** a copy of the registration from their **HOST College** to the Financial Aid Office at ECSU.
4. Have the **HOST College** send grade **transcripts** to the ECSU **Registrar's Office** at the end of the semester.
5. **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)				

Academic Advisor's Signature/Date Extension	Printed Name	Campus

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	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 / financialaid@easternct.edu