

**Consortium Agreement for Administration of Financial Aid
2014-2015**

CNSRT

Student Financial Aid

2308 Rendleman Hall Campus Box 1060
Edwardsville, IL 62026-1060
Phone: (618) 650-3880 Fax: (618) 650-3885
Email: finaid@siue.edu Homepage: www.siue.edu/financialaid

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Fall 2014

Spring 2015

Summer 2015

Please check the above box of the semester you are applying for a consortium agreement.

Institution #1 (Home)	Institution #2 (Host)
Southern Illinois University Edwardsville	

Southern Illinois University Edwardsville (SIUE) and Institution #2 (named above) by signature of authorized officials hereby agree that upon enrollment of the student in this Agreement for the term and hours recorded, SIUE shall serve as the Home Institution and shall administer all financial aid for this student during the period of enrollment as a degree- or certificate-seeking student with SIUE. It is further agreed that completion of this agreement precludes awarding of financial aid for this student by Institution #2 (the Host Institution) during this period.

SIUE will determine enrollment status and procedures for calculating awards, disbursing aid, and monitoring satisfactory progress. The student's cost of attendance will be based on actual tuition charges for concurrent enrollment with both institutions. If the student withdraws and/or receives a refund from Institution #2 after the Consortium Agreement has been signed by Institution #2, the SIUE Director of Financial Aid must be notified immediately. All recipients must maintain satisfactory academic progress for financial aid in accordance with the policy of SIUE.

Name of Student (Last, First, MI)	Student ID

Enrollment Period at SIUE					
Beginning Date (MM-DD-YY)	Ending Date (MM-DD-YY)	# Hours			
Enrollment Period at Institution #2					
Beginning Date (MM-DD-YY)	Ending Date (MM-DD-YY)	# Hours			
Courses at Institution #2					
	Course #	Course Title	Semester Hours	Quarter Hours	Tuition And Fees
1					
2					
3					
4					
5					

over

Other Costs at Institution #2			
	Semester Cost	Quarter Cost	Comments
Housing (actual)			
Board (actual)			
Other Charges			

PLEASE CAREFULLY READ: Enrollments by Consortium Agreement with other institutions for purposes of financial aid will be approved when the following conditions exist:

The student is on record as degree seeking with SIUE; **and**

Courses in which the student has enrolled at SIUE and Institution #2 (the host school) correspond in enrollment period and term length; **and**

The SIUE Academic Advisor confirms that courses from Institution #2 will apply to student's SIUE degree; **and**

The Financial Aid Director at Institution #2 confirms no financial aid will be awarded to the student during the period of this agreement and SIUE will be notified immediately should the student withdraw from classes at that institution; **and**

The student agrees to be responsible for requesting academic transcripts be sent to the SIUE Admissions and Records Office immediately upon conclusion of the course(s); **and**

The student understands the courses taken under this consortium will be used in determining satisfactory progress for future financial aid at SIUE; **and**

The student agrees to confer with the Assistant Director in the SIUE Financial Aid Office before changing the enrollment status from that reported on this form at the schools participating under this consortium during the term of this agreement; **and**

The student, after signing below, will confer with the SIUE Academic Advisor who, if approves, will sign the form. The student is expected to then forward the form to the Financial Aid Director at Institution #2 for signing before submitting it to the SIUE Financial Aid Office for evaluation. **This form is considered incomplete and will be returned if received unsigned by the student, the SIUE academic advisor, and the Financial Aid Director at Institution #2.**

Agreement/Signatures

<p>The courses to be completed at Institution #2, the Host Institution, are applicable to the student's degree program at SIUE.</p>	<p>SIUE Academic Advisor/Date</p>
<p>Institution #2, the Host Institution, will not award aid, will monitor enrollment, and will provide a FAT at the end of this consortium period, if requested.</p>	<p>Institution #2 Financial Aid Director/Date</p>
<p>SIUE will act as Home Institution and will monitor the overall process for compliance with current Title IV legislation.</p>	<p>SIUE Financial Aid Director/Date</p>
<p>Student agrees to maintain the enrollment status reflected on this form at each institution participating under this consortium during the term of this agreement and to see that an academic transcript is provided to SIUE upon completion of these courses.</p>	<p>Student/Date</p>