Memorandum

To: Consortium Student

From: Notre Dame de Namur University Financial Aid Office

Re: Consortium Agreement Forms

Enclosed are the Consortium Agreement forms which must be completed and returned to the Notre Dame de Namur University Financial Aid Office.

Please note that there are four pages to this packet:

1. Advisor Form (to be signed by student’s NDNU Academic Advisor)

2. Consortium Agreement (to be completed by the Financial Aid Office of the participating Community College)

3. Enrollment Verification Form (to be completed by the Registrar of the participating Community College)

4. Student Responsibilities Form (to be completed by student)

You must return all four forms to the Financial Aid Office before funds for the applicable semester can be released. Original forms must be provided. Faxed or emailed forms will not be accepted.
CONSORTIUM AGREEMENT ADVISOR FORM

This form serves as authorization from the NDNU Advisor to the Financial Aid Office to set up CONSORTIUM AGREEMENTS for NDNU students. The student will be enrolled at Notre Dame de Namur University and attending another institution at the same time. NDNU is considered the parent institution.

Authorization/Consortium Agreements are needed only for those students applying for Financial Aid at NDNU.

Student’s Name: _____________________________________________________

Student’s Social Security #: ___________________ Student ID#: _____________

NDNU Program: _____________________________________________________

List Course and number of units to be taken at another institution while student is attending NDNU concurrently:

<table>
<thead>
<tr>
<th>Course</th>
<th>Units</th>
<th>Semester</th>
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The NDNU Financial Aid Office may require updates to the above information.

I approve the course(s) above as transferrable to the student’s degree program at NDNU.

Advisor’s Name: ________________________________

Advisor’s Signature: ______________________________

Date: ______________________________

Return this packet to:
NDNU Financial Aid Office, 1500 Ralston Avenue, Belmont, CA  94002-1997
CONSORTIUM AGREEMENT

Student’s Name: __________________________  SS#: ______________________

Name of Other Institution: _____________________________________________

Term & Year of Enrollment at Other Institution: _____________________________

Notre Dame de Namur University and the institution named above agree to enter into this consortium agreement for the student named above, who is seeking a degree from Notre Dame de Namur University.

The following are the terms of this agreement:

(1) Notre Dame de Namur University will act as the home campus and process the student’s application for financial aid, establish cost of attendance, award financial aid within federal, state and institutional guidelines, maintain records, monitor satisfactory progress and prepare refund and repayment documents as required.

(2) The period of enrollment at other institution is: _______ through _______

Costs for this period at other institution are:

   Tuition: ________

   Room & Board: ________

   Books: ________

The institution where the student is attending classes will verify that the student is currently enrolled in units at that institution, and will not process any financial aid application for the student for the term indicated.

Signed:

__________________________________________
Other Institution/Dir. of Financial Aid

__________________________________________
Name of Institution

__________________________________________
Date
CONSORTIUM AGREEMENT
ENROLLMENT VERIFICATION FORM

I verify that ____________________, SS#_____________________ is enrolled in the following course(s):

<table>
<thead>
<tr>
<th>Title of Course</th>
<th>Course Units</th>
<th>Semester</th>
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_________________________________________  ____________________
Signature of Admissions or Registration Officer  Date

Official Seal here

Please return this signed form to:

Financial Aid Office
Notre Dame de Namur University
1500 Ralston Avenue
Belmont, CA  94002-1997
STUDENT RESPONSIBILITIES FOR CONSORTIUM AGREEMENT

Student’s Name: ____________________________

Student’s SS#: ____________________________

This is to let you know the information you will need to provide to the Notre Dame de Namur University Financial Aid Office if you will be attending another college or university. Federal regulations require that if you receive financial aid through the NDNU Financial Aid Office for a course or courses at another institution, the courses that you are taking must count towards your degree program at NDNU and be approved by your NDNU Advisor.

You may ONLY receive financial aid from your home school which is Notre Dame de Namur University.

Your responsibilities are the following:

(1) The NDNU Financial Aid Office must receive verification from your NDNU advisor that the specific course(s) you will take will satisfy course requirements AND that NDNU will accept the units towards your degree.

(2) The Financial Aid Office of the other institution must sign a Consortium Agreement. NOTE: Schools are not required to sign consortium agreements. Per Federal Regulations, it is at the discretion of each institution to sign or not sign such agreements. You are responsible for forwarding this agreement to the other school and having it returned to the NDNU Financial Aid Office. This includes a statement of program costs, and we cannot calculate your financial aid eligibility until we receive it.

(3) The NDNU Financial Aid Office must receive verification from the other institution that you are registered and enrolled in the required courses within a month of your enrollment. You must have the Enrollment Verification Form completed by the Registrar’s Office once you are registered, and returned to the NDNU Financial Aid Office.

(4) You are responsible for obtaining official transcripts of any consortium work and supplying them to the NDNU Registrar’s Office. Failure to do so may result in you not meeting Satisfactory Academic Progress requirements and processing of your next semester’s Consortium Agreement will be put on hold.

ALL financial aid will be held until the Consortium Agreement and Enrollment Verification is signed AND both documents have been received at the Notre Dame de Namur University Financial Aid Office.

I have read and understand the above responsibilities as indicated by my signature below.

____________________________________________  ________________
Student’s Signature                        Date