

**Deadlines for Completion of Agreement: Fall Semester November 16, Spring Semester April 1, Summer Semester June 25**

**Financial Aid Consortium Agreement**  
Between

<b>Notre Dame de Namur University</b>	And	
(Home School)		(Host School)

<b>Section I: To be completed by student</b>	
Name:	NDNU Student ID:
Telephone Number:	Email:
Permanent Address:	Temporary Address (if applicable):

Consortium Period (select one):  
 Fall 20\_\_  Spring 20\_\_  Summer 20\_\_

The purpose of this agreement is to allow the degree- seeking students to receive financial aid for concurrent enrollment at Notre Dame de Namur University (home institution) and another regionally accredited higher education institution (host institution).

Under this consortium agreement the student agrees to:

1. Register for at least 1 credit hour at NDNU
2. To qualify for NDNU institutional aid you must be enrolled for at least 12 credit hours at NDNU and be enrolled in the full-time day program at NDNU
3. Complete all sections of this form by the deadlines listed above
4. Attach a copy of your registration/course schedule at the host school
5. Inform NDNU and the Financial Aid Office of the host school of any changes in enrollment at the host school
6. Provide NDNU a copy (official or unofficial) of an academic transcript within 14 days of the completion of the consortium period and/or academic term
7. Pursue a degree only at NDNU and understand that financial aid is only to be disbursed by NDNU
8. Pay tuition and fees at NDNU and the host school
9. Understand that courses taken at the host school will be included in the consideration of NDNU Financial Aid Satisfactory Academic Progress
10. Failure to submit a transcript from the host school following the semester in which this agreement is used will delay any future financial aid disbursements.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section II: To be completed by NDNU Academic Advisor**

List the course(s) to be taken at the host institution and the course requirement satisfied at NDNU during the semester of concurrent enrollment under this consortium agreement

Host institution course title/number	Units	Meets NDNU requirement for course

I confirm that the courses to be taken at the host institution under this consortium agreement are eligible as transfer units towards the student's degree program at NDNU

Advisor Name \_\_\_\_\_

Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_

**Section III: To be completed by the Financial Aid Office of the Host School**

Enrollment Period Dates: From \_\_\_\_\_ to \_\_\_\_\_

Tuition and Fees \_\_\_\_\_ Number of Credits \_\_\_\_\_ Term/ Year \_\_\_\_\_

Under this agreement the host school:

- Understands that financial aid will only be disbursed by NDNU
- Provide NDNU with documentation of the student's enrollment at the host school
- Inform the student that this completed agreement needs to be submitted by the appropriate deadline

Host School Financial Aid Officer Name \_\_\_\_\_

Signature \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**To Submit:** Either Host School Financial Aid Office or Student can submit this form by email, regular mail, fax or in person.

**Office Use Only- NDNU Registrar**

Student ID# \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Registration in Consortium Course:

Units: \_\_\_\_\_ Date: \_\_\_\_\_ Registrar Staff Initials: \_\_\_\_\_