

## **Consortium Agreement Instructions and Student Responsibilities**

The purpose of this agreement is to establish procedures for the administration of Title IV Federal Financial Assistance for students concurrently attending Eastern Kentucky University and another accredited college or university. **Please carefully read all instructions and student responsibilities.**

### **Instructions**

- Complete the Student section of the Consortium Agreement form (a separate form must be completed for each visiting college/university you are attending.)
- Submit form to your ECU Academic Advisor for completion of the Advisor section. **You are responsible for getting this section completed even if you are not physically attending ECU.**
- Submit form to the Financial Aid office of the school you are visiting for completion of the Visiting School section.
- Once all sections of the form are completed, return it to ECU's Financial Aid office. **Your complete form must be received by ECU's Financial Aid office by the last day of the "drop/add" enrollment period at ECU for the current term or it cannot be processed.**

### **Student Responsibilities**

- **You must inform the ECU Financial Aid office if you drop a class, fail to start a class, or change your classes at the Visiting School. If you change classes, the new class(es) must be approved by your ECU Advisor and you must submit a new Consortium form for the new class(es). If you drop, withdraw, or fail a class you may be required to repay the financial aid you have received.**
- You must request an Academic Transcript of your grades earned at the Visiting School to be sent to ECU once the term is over. A hold will be placed on your ECU financial aid record until the transcript is received and recorded at ECU. This hold will prevent you from receiving any future financial assistance at ECU. **You are responsible for informing the ECU Financial Aid office once the transcript has been received and recorded at ECU.**
- You must successfully complete your classes at the Visiting School or you may be denied future financial assistance (refer to ECU SAP policy: [www.finaid.eku.edu/policies](http://www.finaid.eku.edu/policies)) and may be denied aid for future Consortium Agreements.
- You must pay for your classes at the Visiting School with your refund from the aid you receive at ECU. ECU bears no responsibility regarding the payment of your tuition charges/fees at the Visiting School.

### **Other Important Information**

- You must be a degree seeking student at ECU in order to be eligible for financial assistance.
- You must meet all eligibility requirements for Title IV Federal Assistance as set by the U.S. Department of Education.
- You cannot receive financial assistance at both schools.
- A Consortium Agreement will not be processed for Independent study or audited classes, or repeated classes for which you already received a passing grade.
- A Consortium Agreement will not be processed if you are enrolled full-time at ECU as you are already eligible for the maximum aid possible, based on your enrollment at ECU.
- ECU merit scholarship awards are for full-time enrollment at ECU only.

**EKU CONSORTIUM AGREEMENT**

Between

<b>Eastern Kentucky University</b>	and	
------------------------------------	-----	--

(Visiting School)

**STUDENT SECTION (please print)**  
**\*\* This COMPLETED form must be submitted to the EKU Financial Aid Office by the last day of EKU's drop/add period for the appropriate term or it will not be processed. \*\***

<b>Name</b>		<b>EKU ID #</b>	
		<b>Last 4 digits of SS #</b>	

Last,                  First                  MI

<b>Major</b>		<b>Phone #</b>	
--------------	--	----------------	--

**Name(s) of Courses you plan to take at the Visiting School:**

Name of Course & Course # (ex. BIO 100)	Credit Hours	EKU Equivalent Course Name & Course #

<b>Term</b>		(fall, spring, summer)	<b>Year</b>	

<b>Student's Signature – By signing this form I certify that I have read and agree to the student responsibilities and instructions of this agreement (See Attached)</b>	<b>Date</b>
--	-------------

**EKU ADVISOR SECTION**

Upon consulting the student's academic records, I certify that the courses above are **required** for the student's EKU degree and will transfer to EKU (list any exceptions here : \_\_\_\_\_)

<b>EKU Advisor Printed Name</b>	<b>Signature</b>	<b>Date</b>	<b>Phone #</b>

**VISITING SCHOOL SECTION - MUST BE COMPLETED BY FINANCIAL AID ADMINISTRATOR**

The student named above has registered for the courses listed in the student section of this form. I agree that if the student's enrollment status or classes change, I will notify Eastern Kentucky University. I further agree **NOT** to process financial aid for this student.

<b>Printed Name of Financial Aid Administrator</b>	<b>Title</b>
<b>FAA Signature</b>	<b>Date</b>
<b>Term/Academic Year</b>	<b>Phone #</b>
<b>Cost per hour credit @ visiting school</b>	<b>Email Address</b>
	<b>Beginning and ending dates</b>
	<b>Total tuition cost this term</b>

Return completed form to: **EKU Office of Student Financial Assistance**, Charles Douglas Whitlock Bldg. CPO – 59 Rm - 251, 521 Lancaster Ave., Richmond, KY 40475. You may also fax completed form to: 859-622-2019