

### **Consortium Agreement Contract**

**Purpose of this Form:** A Consortium Agreement is necessary for students enrolled in degree-seeking programs at Bluefield University (Home Institution) to receive financial aid while temporarily attending another accredited higher education institution (Host Institution). The agreement allows Bluefield University to disburse financial aid based on combined enrollment at both institutions. **Each consortium agreement is only valid for the specific semester indicated.**

**Conditions of this Agreement:** Students are not permitted to receive federal or state financial aid through more than one institution at the same time. By completing this consortium agreement, the Host Institution agrees to defer to Bluefield University and not process any federal or state aid in your name.

**Eligibility Requirements:** To be eligible for a consortium agreement, you must have completed a FAFSA, meet all federal aid requirements, meet Satisfactory Academic Progress (SAP), and the courses taken at the Host Institution must qualify for transfer credit towards your current degree program at Bluefield University. If your Host Institution refuses to complete the consortium agreement, there is no appeal process.

**Disbursements:** Your financial aid will be disbursed at Bluefield University according to federal and state regulations and institutional policies. Student must provide a copy of billing Statement from Host Institution before any funds are released. Funds are not transferred from one school to another; if your charges at the Host Institution are due before you receive your aid refund from Bluefield University, it is your responsibility to pay them by other means. We strongly encourage you to contact the other institution to discuss payment deadlines and options. **Students are responsible for payment of all charges at their Host schools.**

**Enrollment:** You must notify Bluefield University Financial Aid if you drop or withdraw from any courses at the Host Institution. When your enrollment level changes, Bluefield University is required to review your aid eligibility and, if necessary, adjust it according to the Department of Education's Return of Title IV Funds requirements. You may lose eligibility for some, or possibly all, of your initial financial aid disbursement, creating a balance due. When you notify the Financial Aid Office of enrollment changes, include the names of the courses in question, their scheduled start and end dates, and the date(s) you dropped or withdrew from them.

In order for a Bluefield University Consortium Agreement to be approved, **all** of the following must be submitted to the Bluefield University Financial Aid Office by the Missing Document Deadline specified each semester.

#### **Required Task**

- o Complete a FAFSA for the correct academic year. Be sure to use Bluefield University federal school code, **003703**.
- o Submit your completed *Consortium Agreement Contract*, which must be filled out and signed by both you and a certifying official at the Host Institution.
- o Provide Bluefield University Financial Aid Office with a copy of your completed *Transient Course Approval* form, approved and signed by Bluefield University Registrar's office.
- o Student must register themselves at the Host Institution.
- o Provide Bluefield University Financial Aid Office with a copy of your Class Schedule. Class schedule must show the begin and end date of each course you are taking.
- o Provide Bluefield University Financial Aid Office with a copy of the Host Institution Billing Statement.
- o Provide Bluefield University with an official copy transcript from Host Institution

**Please return completed documents to Bluefield University Financial Aid**

### **Consortium Agreement Contract**

**Instructions:** Please complete Section I of this form before forwarding it to the Host Institution for completion of Section III and Section IV. Consortium agreements are valid only for the specific period indicated. A separate agreement is required for each individual academic term.

#### **Section I: STUDENT INFORMATION (To be completed by the Student)**

Name of Student: \_\_\_\_\_ Last four of SSN: \_\_\_\_\_

Name of Host Institution: \_\_\_\_\_

**Consortium Period**    Calendar year: 20\_\_\_\_ Academic term: [circle one]    Summer    Fall    Spring

#### **Section II: Courses you will be taking at Host Institution**

Course Number	Number of Credit Hours	Course Name	Beginning Date	Ending Date

**Student Certification:** By signing this agreement, I attest that the courses listed above are intended to count towards completion of a degree or certificate program at Bluefield University. I understand that I am responsible for paying any tuition, fees or other expenses incurred at both schools. I agree to inform the Bluefield University Financial Aid Office of any changes in enrollment and acknowledge that I am responsible for providing Bluefield University with an official transcript from the Host Institution at the conclusion of the consortium period. **I authorize the Host Institution to confirm my enrollment and to provide Bluefield University with the information requested in Section II below.**

**I, the Student, agree to:**

- Complete the *Transient Course Approval* form to confirm that permission to take courses at the Host Institution was officially granted by Bluefield University Academic Advising.
- Notify the Bluefield University Financial Aid Office of any changes in my enrollment level at either school.
- Authorize the Host Institution to release any information required to finalize my financial aid at Bluefield University.
- Take responsibility for payment arrangements at the Host Institution.
- Have all of my federal and state financial aid processed only at Bluefield University for the duration of the Consortium Period.
- Submit an official transcript to Bluefield University no more than 30 days after the end of my classes at the Host Institution.

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

\_\_\_\_\_  
Date

### Section III: HOST INSTITUTION INFORMATION (To be completed by the Host Institution)

The student listed above is seeking a degree or certificate from Bluefield University and plans to enroll at your Host Institution. The student wishes to use financial aid funds to help cover the course(s) listed as part of their Consortium Agreement. As the student's Home Institution, Bluefield University will be responsible for determining eligibility of awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and reporting federal requirements. This Consortium Agreement will allow Bluefield University to disburse financial aid based on the student's combined enrollment at both institutions. Once any balance due Bluefield University has been paid, Bluefield University will refund any excess financial aid to the student. **Funds are not transferred from one school to another; the student is responsible for payment of all charges at the Host Institution.** The Host Institution agrees to provide Bluefield University with the following information.

Name of Host Institution: \_\_\_\_\_

Enrollment Period: Summer 20\_\_\_\_ Fall 20\_\_\_\_ Spring 20\_\_\_\_

Dates of Enrollment: from \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

Number of Credits Enrolled In: \_\_\_\_\_

Tuition: \$ \_\_\_\_\_

Fees: \$ \_\_\_\_\_

Room and Board: \$ \_\_\_\_\_

Books and Supplies: \$ \_\_\_\_\_

Miscellaneous: \$ \_\_\_\_\_

**Total Cost of Attendance:** \$ \_\_\_\_\_

### Section IV: HOST INSTITUTION CERTIFICATION

The Host Institution agrees **NOT** to process federal student aid for the student named in Section I.

\_\_\_\_\_  
Name and Title of Authorized Official

\_\_\_\_\_  
Signature *(must be signed by hand, not typed)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Telephone Number

### Section V: BLUEFIELD UNIVERSITY CERTIFICATION

\_\_\_\_\_  
Director of Financial Aid

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date