

Terms:

- The consortium agreement is for Iowa State University (ISU) students enrolled in less than 12 semester credit hours. The student must be taking at least one semester course at ISU to qualify for financial aid through the ISU Office of Student Financial Aid (OSFA).
- Student must have completed at least one semester at ISU before a consortium agreement will be considered.
- The consortium agreement will release federal financial aid (Pell Grant, SEOG, Perkins Loans, Stafford Subsidized/Unsubsidized Loans, Parent PLUS Loans, and the TEACH Grant) and private student loans.
- The consortium agreement will not release ISU Grant, scholarships, or State of Iowa grants and scholarships unless the student is enrolled with enough ISU credits to retain qualification for these funds.
- If the student is enrolled in less than 12 semester credit hours, any Admissions scholarship will be ineligible to be applied. If the student is full time between Iowa State University and another college/university, the award can be renewed for future semesters. However, the semester with a consortium agreement will still count as one of the student's semesters of eligibility to receive the scholarship.
- Students must be enrolled at least half time at ISU (minimum of 6 semester credit hours) to qualify for College Work Study employment opportunities with ISU.
- The ISU student is responsible for any expenses (i.e., tuition, fees, books) charged by the other (host) institution prior to when ISU financial aid is disbursed/available.
- The ISU student's financial aid will not be disbursed until the ISU OSFA receives the consortium agreement completed by all parties (but not prior to approved disbursement dates).
- A transcript of the classes for which the student is receiving financial aid must be sent to and accepted by ISU as transfer credit before another consortium agreement will be reviewed. (Future financial aid disbursements may be held until a transcript is received by ISU.)
- The student must inform the ISU OSFA in writing if they drop any courses at the other (host) institution.
- The host institution must promptly inform the ISU OSFA in writing if the student withdraws from the host institution or drops a course reported in the agreement.
- The consortium agreement becomes void if the student drops all of their courses at ISU and/or the host institution.
- The host institution does not provide financial aid to the student for the semester specified in the agreement.
- Consortium agreements will not be approved for previously completed semesters. The consortium agreement must be submitted before the completion of the semester in which aid is requested.
- The student must be making Satisfactory Academic Progress at both Iowa State University and the host institution.

Procedure:

The student completes Section A and the student's ISU academic adviser completes Section B on the Consortium Agreement form. The student turns in the form to the OSFA. The ISU OSFA completes Section C on the Consortium Agreement and faxes the agreement to the host institution's financial aid office. The host institution completes Section D on the Consortium Agreement and returns the agreement to ISU. The ISU OSFA will make any necessary adjustments to the student's cost of attendance and financial aid before disbursement and will notify the Registrar's Office of the student's enrollment status between ISU and the host institution.



Complete this form if you will be taking less than 12 credits at Iowa State University.

Section A: Student's Information and Certification (please print all information)

Name	University ID Number		
E-mail	Phone		
Name of Host Institution (other college/university)	Host Fax Number	Host ID or SSN	Term of Proposed Study (e.g., Fall 2016)

Course(s) to be taken at host institution:

Course Work and Number	Number of Credits	Period of Study (e.g., 08/22/16-12/16/16)

By signing this form, I understand all of the following: I must be taking at least one course at Iowa State University to receive financial aid for the semester I am requesting a consortium agreement. I am responsible for any expenses (i.e., tuition, fees, books) charged by the other (host) institution prior to when my ISU financial aid is available. My financial aid will not be disbursed until the Office of Student Financial Aid receives this consortium agreement completed by all parties. A transcript of the classes for which I am receiving financial aid must be sent to ISU and show on my permanent record before another consortium agreement will be reviewed. I must inform the Office of Student Financial Aid in writing if I drop any classes at the other (host) institution.

Student Signature	Date
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Section B: Iowa State University Academic Adviser Certification (required)

By signing this form, I certify that the course(s) listed above will transfer to ISU and will be applied toward to the above-named student's degree program.

Adviser Name (printed)	Email	Phone
Adviser Signature	Date	

Deliver to the Office of Student Financial Aid when section A and B are complete

Section C: Office of Student Financial Aid Certification

By signing this form, the Office of Student Financial Aid agrees to provide financial assistance to the above-named student, if eligible, for the term specified in this consortium agreement.

Financial Aid Advisor Name	sфинаcon@iastate.edu	515-294-2223	515-294-0851
Financial Aid Advisor Signature	Email	Phone	Fax
			Date

Section D: Host Institution Certification – Please confirm information in Section A, complete and return.

Tuition and Fees for course(s) reported above \$ _____ Number of Credits Enrolled _____

Period of Enrollment _____ to _____ Campus _____

Is student meeting Satisfactory Academic Progress standards? Yes No

By signing this form, the host institution agrees to the following: The host institution will not provide financial assistance to the above-named student for the term specified in this consortium agreement. In the case of a withdrawal or dropped course(s), the host institution agrees to promptly inform the Iowa State University Office of Student Financial Aid in writing.

Host Institution School Official Name (printed)	Phone	Fax
School Official Signature	Date	

CONSORT

