



# Financial Aid Consortium Agreement – 2017-18 Academic Year

## I. Student Information: (to be completed by the student requesting the consortium)

_____			XXX-XX-
LAST NAME	FIRST NAME	M.I.	LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER
_____	_____	_____	_____
BSU ID# (IF KNOWN)	CSI/CWI ID# (IF KNOWN)	E-MAIL ADDRESS	PHONE NUMBER

## II. HOME Institution (Please select only one "Home Institution"):

"Home Institution" - The institution where you are currently seeking a degree and from which you will receive federal financial aid.

- Boise State University       College of Southern Idaho       College of Western Idaho

Number of credits to be taken at home institution: \_\_\_\_\_

## III. HOST Institution (Cannot be the same as the HOME Institution selected above):

"Host Institution" - The institution(s) where you are taking courses to apply towards the degree being sought at the HOME institution.

- Boise State University       College of Southern Idaho       College of Western Idaho

## IV. Specify the semester you are applying for: Consortium agreements, if approved, are only valid for one term.

- Fall Semester 2017 (Deadline November 1, 2017)       Spring Semester 2018 (Deadline April 1, 2018)
- Summer Term 2018 (Deadline June 1, 2018)

## V. Student Certification: By signing this agreement, I understand that:

- ✓ I must complete the financial aid application process at my HOME institution including submitting ALL other documentation and other information requested BEFORE this consortium can be approved;
- ✓ I agree to allow the institutions indicated above to share information about me regarding registration, transcripts, and financial aid;
- ✓ I must be enrolled in at least three (3) credits at the HOME institution to be eligible to participate in this consortium;
- ✓ I am bound by the financial aid deadlines and financial aid census date at the HOME institution, and I am responsible for knowing these dates and deadlines;
- ✓ Courses taken at the HOST institution(s) must apply towards my stated degree intent at my HOME institution;
- ✓ A consortium agreement may be used for a degree program up to and including a first bachelor degree. Any coursework for a degree beyond my first bachelors is ineligible to be included in a consortium agreement.
- ✓ Remedial courses taken at the HOST institution cannot be included in a consortium agreement;
- ✓ My eligibility for federal financial aid at my HOME institution is based on the approved courses for this agreement, and these courses will not count towards determining institutional aid eligibility;
- ✓ I agree to IMMEDIATELY inform the financial aid office at the HOME institution of ANY change in enrollment at my HOST institution, as my eligibility for federal financial aid may be impacted and I may owe a repayment of previously disbursed financial aid;
- ✓ If I drop all my classes or completely withdraw, I understand that I may be required to repay financial aid balances to both the HOME and the HOST institutions;
- ✓ I am only eligible to receive federal financial aid from the HOME institution;
- ✓ I am asking the HOME institution to pay federal financial aid to me for courses that I agree to complete at both the HOME and HOST institution(s);
- ✓ Financial aid will be disbursed to my student account at the HOME institution. It is my responsibility to pay any remaining charges at the HOME institution AND to make tuition and fee payment at the HOST institution;
- ✓ I am required to notify the HOME institution of any other sources of financial assistance (scholarships, tuition waivers, etc.) I am receiving from the HOST institution;
- ✓ I understand the satisfactory academic progress standards at my HOME institution will be used when determining my initial and continued eligibility for federal financial aid. If Boise State is my HOME institution, I must be in good academic standing to participate in a consortium agreement. **I cannot be on SAP warning, probation, or on an academic plan.**

_____	_____
STUDENT SIGNATURE	DATE

PRINT Student Name: \_\_\_\_\_

HOME Student ID#: \_\_\_\_\_

HOST Student ID#: \_\_\_\_\_

**VI. Course Information**

This section should be completed by the Academic Advisor at the Home Institution

Please include subject and catalog number, i.e. Econ 202. Remedial and developmental courses or courses taken for audit cannot be approved for a consortium agreement.

Courses to be taken at the HOST Institution				Equivalent Course at HOME Institution (Determined by an Academic Advisor)	Repeated course? (list date taken/grade received)
Course	Credits	Start Date	End Date		

I have reviewed the course of study of the student listed above and confirm that the other institution courses listed above are required, acceptable for transfer, and will be applied toward the student's degree or certificate.

\_\_\_\_\_ HOME INSTITUTION ADVISOR SIGNATURE & PRINTED NAME

\_\_\_\_\_ PHONE NUMBER

\_\_\_\_\_ DATE

**VII. Financial Aid Office Approval** *(Submit this document to the financial aid office of either institution)*

**FOR INSTITUTIONAL USE ONLY – Do not complete this portion of the agreement**

HOST Institution Cost of Attendance:      \$ \_\_\_\_\_      \$ \_\_\_\_\_  
Actual Institutional Charges      Total COA

Total earned credits at CSI: \_\_\_\_\_      CWI: \_\_\_\_\_

HOST Institution Signature (indicates approval) \_\_\_\_\_ Date \_\_\_\_\_

HOME Institution Signature (indicates approval) \_\_\_\_\_ Date \_\_\_\_\_

HOME Institution Registrar Signature (if necessary) \_\_\_\_\_ Date \_\_\_\_\_

**NOTES:** (include any institutional or other aid awarded through the host institutions)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Approval of this consortium indicates agreement by the home & host institutions to handle in accordance with the "MOU- Individual Consortium Agreements" document.*