

# **Student's Consortium Agreement Checklist**

Student must be **meeting Satisfactory Progress** and **cannot be on Warning** or ineligible for Financial Aid.

## **Before semester of consortium**

1. Consortium Agreement completed and submitted to Host Institution for processing *one month or more PRIOR* to the start of the consortium semester.
  - a. **Must be filled out by the student:**
    - i. Student's Name
    - ii. PUID
    - iii. Home Address
    - iv. PNC Email Address
    - v. Home Phone Number
    - vi. Host Institution
    - vii. Section to Be Completed by Student with credit hours from PNC and credit hours taking at Host school.
    - viii. Student Signature
  - b. **Must be filled out by advisor**
    - i. Class that student is taking at Host School
    - ii. Advisor must sign/Print Name
  - c. **To Be Completed By The Host Institution Financial Aid Officer**
    - i. Host School Needs to Completely Fill out
  - d. **To Be Completed by the Host Institution Registrar**
    - i. Host School Registrar to Sign/Date
2. **Attach copy of billing statement from Host Institution to this Agreement.**

## **Upon receipt of change money from Home Institution**

1. Pay fees at Host Institution
2. Inform Home Institution if there is any change in enrollment.

## **At the completion of semester of consortium –**

1. Request and deliver official transcript of consortium grades to the Admissions Office.
  - a. Holds will be placed on student's account if Official Transcript is not received by the beginning of the next semester.

**Incomplete forms will NOT be accepted. If an incomplete form is received via mail or from the host institution, it will be returned to the student unprocessed.**



Contact Information for person responsible for completing this agreement.

Printed Name for the Host Institution Representative \_\_\_\_\_

Signature/Title for the Host Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

**TO BE COMPLETED BY THE HOST INSTITUTION REGISTRAR**

I agree to notify the Financial Aid Office at PNC within 30 days if the above-mentioned student withdraws from course(s) during the specified term for which financial aid is being processed and disbursed by the home institution.

Registrar's Signature & Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**HOME INSTITUTION FINANCIAL AID OFFICE CERTIFICATION**

Purdue University North Central, Westville/Home Institution agrees to provide payment(s) to the above-mentioned student, if eligible under the Pell Grant, and/or Stafford/FFEL programs for the terms specified above.

Signature/Title for the Home Institution \_\_\_\_\_ Date \_\_\_\_\_

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