

CONSORTIUM AGREEMENT

UNIVERSITY OF NOTRE DAME
OFFICE OF STUDENT FINANCIAL SERVICES
FINANCIAL AID
115 MAIN BUILDING NOTRE DAME, IN 46556
PH: 574-631-6436 FAX: 574-631-6899
faforms@nd.edu http://financialaid.nd.edu

HOME INSTITUTION:

HOST INSTITUTION:

University of Notre Dame Phone: (574) 631-6436
Office of Financial Aid Fax: (574) 631-6899
115 Main Building E-mail: finaids@nd.edu
Notre Dame, IN 46556

AND

School: _____ Phone: _____
Office: _____ Fax: _____
Address: _____ E-mail: _____

The University of Notre Dame and the host institution named above are herein entering into a consortium agreement for the purpose of disbursing student financial aid to University of Notre Dame student named below, attending the host institution as a guest student for a specific and limited duration:

Student's Name

Address

Date of Birth

Phone

The individual authorized to sign below on behalf of the University of Notre Dame does hereby agree to the following:

- 1. The University of Notre Dame agrees to accept the transfer credits earned at the Host Institution for credit toward a Notre Dame degree, subject to satisfactory completion of those credits.
- 2. The University of Notre Dame is the parent institution for all federal financial aid matters and will confer a degree upon successful completion of the student's program. The University of Notre Dame will serve as a transfer agent for all Federal Student Aid funds and will refund/return Federal Student Aid funds as necessary based on changes in enrollment status.
- 3. Eligible financial aid will be disbursed directly to the student's account at Notre Dame according to cash management regulations. The federal aid proceeds will then be forwarded to the Host Institution.

The individual authorized to sign below on behalf of the Host Institution does hereby agree to the following:

- 1. The Host Institution agrees NOT to provide federal financial aid for the guest student from the University of Notre Dame.
- 2. The Host Institution will verify enrollment status and notify the University of Notre Dame of any changes in enrollment status.
- 3. The Host Institution confirms the following:

COST OF ATTENDANCE

ENROLLMENT STATUS

Program Fee (Tuition) \$ _____
Room (Accommodation) \$ _____
Board (Meals) \$ _____
Books and Supplies \$ _____
Transportation \$ _____
Other (specify) \$ _____

TOTAL \$ _____

_____ Full-time _____ Half-time _____ Less than half-time
_____ Number of Credits
Academic Calendar:
Semester _____ Quarter _____
Program enrollment dates under this agreement:
from ____ / ____ / ____ to ____ / ____ / ____
Institutional Aid: \$ _____

SIGNATURES:

On behalf of the University of Notre Dame:

Financial Aid Officer

Printed Name and Title

Date

On behalf of the Host Institution:

Financial Aid Officer

Printed Name and Title

Date

This form must be on file with the Office of Financial Aid at the University of Notre Dame before any financial aid can be finalized or any loan applications completed.