

OFFICE OF FINANCIAL AID

CONSORTIUM AGREEMENT

Home Institution:				Host Institution:
School: University of Notre Da	me		School:	
Office: Financial Aid		AND	Office:	
Address: 128 McKenna Hall	Phone: (574) 631-6436		Address:	Phone:
Notre Dame, IN 46556	Email: finaid@nd.edu			Email:

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

Phone

Date of Birth

Address

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

- The University of Notre Dame agrees to accept the transfer credits earned at the Host Institution for credit toward a Notre Dame 1. 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.
- Eligible financial aid will be disbursed directly to the student's account at Notre Dame according to cash management regulations. The 3. 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:

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

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3. The Host Institution confirms the following:

COST OF AT	IENDANCE	ENROLLMENT STA	ENROLLMENTSTATUS			
Program Fee (Tuition) Housing Food Books and Supplies	\$ \$ \$	Academic Calendar:	Less than half-time Number of Credits			
Transportation Other (specify)	\$	Program enrollment dates under this agreen				
	Ψ					
TOTAL	\$	Institutional Aid: \$				
SIGNATURES:						
On behalf of the University of Nor	are 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 loan applications completed.	e Office of Financial Aid a	t the University of Notre Dame before any financial a	id can be finalized or any			
Please	submit the signed and corr	npleted form, along with supporting documentation,				

to the Office of Financial Aid via our secure document upload portal (go.nd.edu/fa-forms).