



2023 - 2024  
Consortium Agreement

'DWBHBBBBBBBBBBBBBBBBBBBBBBBBBWBXSBHBBB) LUVW BDBB /DVW 1DBB

7KLV DJUHHPHQW SURYLGHV WKH OHJDO EDVLV UHTXLUHG E\ WK /RZHOO WR SURFHVV )HGHUDO )LQDQFLDO \$LG )HGHUDO 3(// \*UD 6(2\* )HGHUDO 'LUHFW 6WXGHQW /RDQ )HGHUDO 'LUHFW 3/86 /F DQG RU LQVWLWXWLRQDO IXQGLQJ IRU D VWXGHQW PDWULFXODV DQRWKHU 8QLYHUVLW\ RU &ROOHJH IRU D VPHPHVWHU RU DQ DFD

TO BE COMPLETED BY THE STUDENT

\$ORQJ ZLWK WKLW FRPSOHWHG IRUP VXEPLW D FRS\ RI \RXU VLJ ZZXPO HGX IRUPV

)DOBBB

BBBBBBBBBBBB

BBBBBBBBBBBB

1DPH RI &RXUVH V WR EH WDNHQ

4444444444444444  
4444444444444444  
4444444444444444  
4444444444444444  
4444444444444444

4444444444444444



2023 - 2024  
Consortium Agreement

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ SSN: \_\_\_\_\_

TO BE COMPLETED BY THE HOST INSTITUTION

7KH KRVW LQVWLWXWLRQ DW ZKLFK WKH DERYH VWXGHQW ZLOO  
DFDGHPLF UHFRUG WR WKH 8QLYHUVLW\ RI ODVVDFKXVHWWV /RZ  
RI ODVVDFKXVHWWV /RZHOO LQ ZULWLQJ LPPHGLDWHO\ LI WKH  
WKH FRQVRUWLXP DJUHHPHQW ,Q DGGLWLRQ WKH KRVW DJUHH  
ILQDQFLDO DLG UHVRXUFHV IRU DWWHQGDFH GXULQJ WKH HQU

Enrollment Period (mm/dd/yy to mm/dd/yy): \_\_\_\_\_ Total Credits: \_\_\_\_\_

(QWHU WKH DFWXDO DPRXQWV FKDUJHG WKH VWXGHQW ,I WKH VWXGH  
VWDQGDUG FRVW RI OLYLQJ DPRXQW EDVHG RQ WKH VWXGHQW V HQUR

7XLWLRQ )HHV BBBBBBBBBB  
5RRP %RDUG BBBBBBBBBBBBBBBB  
3HUVRQDO 0LVFH ~~00000000~~ BBBBBBBBBB  
%RRNV 6XSSOLHV BBBBBBBBBBBBBBBB  
7UDQVSRUWDWLRQ BBBBBBBBBBBBBBBB

Total Institutional Charges: \$ \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Email \_\_\_\_\_ Fax \_\_\_\_\_  
Host Institution \_\_\_\_\_ Date \_\_\_\_\_  
Signature\* \_\_\_\_\_

\*By signing this form you are acknowledging that your institution is a Title IV Institution of Higher Education.

TO BE COMPLETED BY THE HOME INSTITUTION

7KH 8QLYHUVLW\ RI ODVVDFKXVHWWV /RZHOO DJUHHV WR SD\ WK  
LQVWLWXWLRQ XSRQ ZULWWHQ UHTXHV RI VWXGHQW DQG KRVW  
QRWLILFDWLRQ LV UHFHLYHG RI WKH VWXGHQW V HQUROOPHQW  
HQUROOPHQW VWDWXV DQG WXLWLRQ IHH FRVWV

Expected Award Amount\*: \_\_\_\_\_ Expected Disbursement Date: \_\_\_\_\_

Name 7RQ\D %ULWR Title \$VVLVWDQW 'LU  
Address 3DZWXFNHW 6WUHHW 6XLWH Phone RZHOO 0\$  
Email 7RQ\D%U#WRO HGX Fax \_\_\_\_\_  
Signature \_\_\_\_\_ Date BBBBBBBBBBBBBB