

Consortium Agreement between Southern Connecticut State University (SCSU)

			AND)							
	Name of HOST	Institution: _						am; nt Il result in			
			(College/u	ıniversity	where course(s) w	vill be taken)					
	Name of Student		SCSU ID Number	Р	hone Numbe	er	Email				
under	stand that by entering into a consor	tium agreement I r	nust:								
1.	Have a valid FAFSA on file at SCSU										
2.	Be matriculated and enrolled in a	n approved Title IV	eligible pr	ogram (of study at SCS	U, and makir	ng Satisfactory Academic P	rogress			
	(SAP) as specified by the SCSU SA										
3.	Only register for courses at the Ho	Only register for courses at the HOST institution that have been approved AND are transferable toward my degree program;									
4.	4. Notify SCSU's Office of Financial Aid and Scholarships immediately should my enrollment change at the HOST institution;										
5.	5. Have the HOST institution send official transcripts to the SCSU Registrar's Office at the end of the semester;										
6.	6. NOT receive financial aid at the HOST institution;										
7.	Make payment arrangements wit										
	Accounts Office will refund any ex	ccess funds to me.	There is no	guarar	itee that enteri	ing into a coi	nsortium agreement will re	esult in			
	excess funds.										
-	ing below, I authorize the host inst	itution to release t	o SCSU inf	ormatio	on pertaining t						
Student's Signature					Date Host Institution's Student IE		tion's Student ID Number				
RETU	RN TO SCSU OFFICE OF FINANCIAL A	AID AND SCHOLARS	SHIPS FOR	PROCE:	SSING. DO NO	T SUBMIT TO) HOST SCHOOL.				
O BE (COMPLETED BY THE HOST INSTITUT	ION:									
nrolln	nent Period: Starting:	Fnding:		Num	ber of Registe	red Credits					
Course	Name			Cour	se Number						
Course Name				Cour	se Number						
		Cost of Atten	ndance								
	Tuit	ion and Fees	\$								
	Roo	m and Board	\$								
	Воо	ks and Supplies	\$								
	Trar	rsportation	\$								
	Pers	sonal Expenses	\$								
	Oth	er	\$								

The individuals authorized to sign below do hereby agree to the following:

TOTAL

- SCSU considers the above-named student to be matriculated and enrolled in a Title IV eligible program, and approved to take classes at another institution. SCSU will be responsible for monitoring Satisfactory Academic Progress (SAP) and other requirements to be eligible to receive Title IV funds. All requirements listed in the U.S. Department of Education regulation 690.8 will be the responsibility of SCSU.
- 2. The HOST institution will verify enrollment status, and notify SCSU's Office of Financial Aid and Scholarships should the student withdraw from any classes.

HOST Institution Authorized Signature	Date	Name and Title	Email
SCSU Authorized Signature	Date	Name and Title	Email