

St. Joseph's University Consortium Agreement

(As allowed in Part 668.19, Student Assistance General Provisions, and Part 690.8, Pell Grant Program, Code of Federal Regulations, this Consortium Agreement is entered between St. Joseph's University (the Home institution) and the Host institution for the purpose of providing federal financial assistance to the student named below.)

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THIS SECTION TO BE COMPLETED BY THE STUDENT:

Student's Name: _____ SSN/Student ID: _____

Home Address: _____

Home Phone #: _____ Cell Phone#: _____

Major: _____

Name of HOST institution that you will be attending: _____

Financial Aid will be disbursed to your student account at St. Joseph's according to our regular disbursement schedule. A refund check will be mailed to your home address on file. If you will be out of the country at that time, arrangements must be made in order for a designated person to deposit and/or cash your refund check.

Student Signature _____
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THIS SECTION TO BE COMPLETED BY ST. JOSEPH'S UNIVERSITY:

_____ is a degree-seeking student currently enrolled in an eligible program of study at St. Joseph's University, and is attending the HOST institution as a transient student during the _____ semester of the _____ academic year.

HOME institution Official's signature: _____ Date: _____

HOME institution Official's name & title: _____
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THIS SECTION TO BE COMPLETED BY THE HOST INSTITUTION:

Enrollment Verification Statement

This student is to be considered: Full-time _____ ¾ Time _____ ½ Time _____ less than ½ Time _____

For TAP Grant purposes, tuition charges outlined in the HOST institution's bill are for the HOST institution and not for any other institution, such as a study-abroad, foreign institution: (circle one) **YES/NO**

The HOST institution is eligible for Title IV Federal Student Aid: (circle one) **YES/NO**

Cost of Program:

Tuition	\$ _____	Name of HOST Official: _____
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Fees	\$ _____	Title of HOST Official: _____
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Room/Board	\$ _____	HOST Official's e-mail: _____
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Books	\$ _____	Phone # of Host Official: _____
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Travel	\$ _____	Fax # of HOST Official: _____
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Personal	\$ _____	Signature of Official: _____
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TOTAL	\$ _____	Date: _____
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St. Joseph's University (HOME institution) will be responsible for the following:

- ◆ Determining eligibility for financial aid
- ◆ Certifying qualifying loan applications & TAP Grant (if applicable)
- ◆ Monitoring satisfactory academic progress requirements
- ◆ Processing pertinent refunds and/or repayments should this student withdraw
- ◆ Paying the Student directly

The HOST institution will be responsible for the following:

- ◆ Confirming the student expense budget outlined
- ◆ Not awarding any financial aid to the student
- ◆ Verifying enrollment
- ◆ Verifying for TAP Grant purposes, if TAP Grant is awarded, that the tuition charges outlined in the HOST institution's bill are for the HOST institution and not for any other institution (such as a study-abroad, foreign institution)
- ◆ Notifying St. Joseph's University if the student withdraws or drops below required enrollment and then forwarding any unused portion of financial aid to St. Joseph's University

The student agrees to:

- ◆ Complete the FAFSA and submit all necessary documents required by the institution, federal government, and state government for processing of their financial aid
- ◆ Submit a completed copy of the "Permission to take Off-Campus Courses For Credit" that has been signed by the Registrar to the Financial Aid Office
- ◆ Provide the Financial Aid Office with a copy of the HOST institution's bill or projected costs
- ◆ Arrange to pay any costs above and beyond their projected financial aid directly to the HOST institution
- ◆ Obtain an official transcript from their HOST institution upon completion of their study there and submit it to the Registrar's office at St. Joseph's University