

# 2017-2018 Consortium Agreement Form

Between (Home School)  and (Host Institution)

## To be completed by the student:

Name  LMU ID   
Address  Home Phone Number   
City  State  Zip Code  Cell Phone Number   
Consortium Term :  Summer  Fall  Spring Year

**Note: Students must apply for one term per consortium form. Multiple terms will not be considered.**

Do you plan to also register at Loyola Marymount University during the consortium term ?  Yes  No

If Yes, how many hours do you plan to register at LMU ?

## Terms and Conditions

**Important:** Federal and state financial aid may only be received for study abroad programs approved by the Department of Education to participate in Federal Student Aid (FSA) programs.

### **I agree to :**

- Obtain approval form from my Dean's Office/Advisor to transfer this coursework to my LMU academic record and submit transfer course approval form to LMU Registrar's Office prior to my consortium enrollment. A consortium cannot be completed to receive financial aid after the term of enrollment has ended.
- Complete this Consortium Agreement Form at least 30 days prior to beginning enrollment at the host institution.
- Submit documentation of host institution enrollment to LMU's Financial Aid Office prior to the start of the enrollment period.
- Complete the coursework indicated in the agreement at the host institution and the coursework at LMU and notify the Financial Aid Office at LMU of any enrollment changes.
- Comply with LMU's and the host institution's policies regarding refunds, Satisfactory Academic Progress and all the financial aid eligibility requirements; this includes not receiving aid from more than one institution during the term.
- Pay fees according to payment deadlines for each institution. (Note: LMU will disburse aid according to LMU's disbursement schedule. If fees are due at the host institution prior to the disbursement schedule at LMU, the student needs to make arrangements to pay by that deadline.)
- Provide an official academic transcript upon completion of the consortium term to LMU's Registrar's Office within 30 days after end of enrollment period.  
Registrar's Office  
1 LMU Drive, MS 8325  
Los Angeles, CA 90045-2659
- Allow LMU and my host institution to share information relating to my enrollment and financial aid eligibility as well as my host institution to provide the academic transcript.

Student Signature

Date

# 2017-2018 Consortium Agreement Form

Student Name

LMU ID

**To be completed by host school's Financial Aid Officer:**

Enrollment dates at host school  to

Enrollment status while at Host School :  < Half time     Half time     > Half time     Full time

Please list below all the courses the student plans to take at the **host institution** during the consortium term and the number of credit hours per course. (Please list additional coursework on a separate sheet, if necessary.)

Course  Credit Hours

Course  Credit Hours

Is student currently enrolled in the above coursework?

Total Credit Hours

**Cost of Attendance for enrollment period stated above:**

*If dollar amount for a section is 0, enter 0; do not leave blank.*

<b>Tuition and Fees</b>	\$	<input type="text"/>
<b>Room and Board</b>	\$	<input type="text"/>
<b>Books and Supplies</b>	\$	<input type="text"/>
<b>Transportation</b>	\$	<input type="text"/>
<b>Others(Please specify)</b> <input type="text"/>	\$	<input type="text"/>
<b>Total</b>	\$	<input type="text"/>

**The host institution agrees to :**

- Confirm this student is in a transient/visiting status in an academic program that meets the Title IV student financial aid requirements.
- Not award any federal, state or institutional or private aid during the time the student is enrolled at the host institution.
- Accept payment from the student and apply it to fees and disburse any credit balance to the student in accordance with the host institution's disbursement policies.
- Notify the Financial Aid Office and Registrar's Office of any registration changes.
- Provide LMU with an academic transcript immediately upon completion of the consortium period, at the student's request. (Note: The student's signature in the first section of this agreement form authorizes the host institution to provide an official academic transcript to LMU).

Host School Official's Signature  Date

Name  Title

Address  Phone Number

Fax Number  Email address

Mail to: LMU Financial Aid Office  
1 LMU Drive, Suite 270  
Los Angeles, CA 90045

Phone: 310.338.2753  
Fax: 310.338.2793

**LMU FAO Use Box:**

- Title IV Eligible School
- Transfer Course Agreement Received
- Student Currently Enrolled

Financial Aid Administrator: \_\_\_\_\_ (initials) \_\_\_\_\_ date