

Benedictine College

Consortium/Contract Agreement

The purpose of this form is to facilitate payment for courses that you will be enrolled in as a guest student at another institution (host institution). The completed Consortium Agreement allows Benedictine College to disburse your financial aid based on your enrollment at either the host institution alone, or at both institutions combined.

The Financial Aid Office at Benedictine College will determine your eligibility for financial aid, disburse your financial aid, monitor your satisfactory academic progress and attendance, maintain your financial aid records, and report information regarding your enrollment and financial aid as required. The date your financial aid will disburse to your student account will be determined by Benedictine College's disbursement schedule and the start date of your consortium term. Fees due to Benedictine College will be paid first and any excess financial aid assistance will be forwarded to the host institution. It is your responsibility to contact the host institution regarding their payment schedule and to make payment to the host institution for any charges incurred. You may be required to pay the host institution prior to aid being refunded to you at Benedictine College.

You are not permitted to obtain federal or state financial aid from both institutions. By completing the host institution section of this agreement, they agree to NOT process any federal or state financial aid for you as a guest student. If this agreement is violated, your federal and state financial aid awards may be revoked by one or both institutions, which may cause you to have a balance due. It is your responsibility to make sure that the host institution understands that you are a student at Benedictine College and they should not process any federal or state financial aid for you.

You must notify both institutions if you drop or withdraw from any or all of your courses. Your financial aid award is based on your enrollment which will be verified and monitored throughout the term. If you adjust your enrollment from the original course schedule provided, your financial aid may be adjusted which could cause you to have a balance due.

If the host school refuses to process this Consortium Agreement there is no appeal process. Your financial aid will be processed according to your hours of enrollment at Benedictine College only. You are required to have a 2.0 cumulative grade point average before this agreement will be processed.

WHAT YOU NEED TO DO:

1. File a FAFSA (Free Application for Federal Student Aid) if you intend to use any federal or state aid for your consortium term.
2. Complete "SECTION ONE – STUDENT INFORMATION".
3. Have your academic advisor complete "SECTION TWO – BENEDICTINE COLLEGE ACADEMIC ADVISOR'S ASSESSMENT".
4. The financial aid office at the other school you will be attending should complete "SECTION THREE –HOST INSTITUTION'S RESPONSIBILITIES".
5. Make a copy of all sections for your records.
6. Submit completed Sections One, Two, and Three to Student Financial Aid at BC.

If all sections are not submitted together, with appropriate certification and signatures, your Consortium Agreement will be returned to you as incomplete.

SECTION TWO – BC REGISTRAR’S ASSESSMENT

Student Name: _____ BC ID # : _____

List all the courses the student plans to take during the consortium term and the BC course equivalency:

| Course Number and Name | Credit Hrs. | BC Equivalency | Credit Hrs. |
|------------------------|-------------|----------------|-------------|
|------------------------|-------------|----------------|-------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please sign below verifying this student has at least a 2.0 cumulative GPA and the course(s) listed above will be accepted toward the completion of the student's BC degree, certificate, or other recognized credential program as determined by the Registrar's Office.

BC Academic Advisor's Signature

Date

Printed Name

Title

Academic Department

Advisor's Telephone Number

UNDER THIS AGREEMENT BC FINANCIAL AID OFFICE WILL:

- Process the student's FAFSA application and provide payment of Title IV funds (if eligible), as appropriate, for the consortium period based on the Cost of Attendance provide by the host institution
- Disburse federal aid according to the host institution's academic calendar
- Monitor Satisfactory Academic Progress
- Process enrollment reporting to the National Student Clearinghouse
- Calculate all components for Return of Title IV funds, when appropriate
- Maintain Title IV record keeping and reporting requirements
- Monitor hours enrolled for institutional refunds and repayments
- Report the student on our FISAP

BC SFA Authorizing Signature

Printed Name

Telephone Number

FAX Number

E-mail Address

SECTION THREE – HOST INSTITUTION’S RESPONSIBILITIES

Student Name: _____ SSN: _____

BC ID # : _____

Name of Host Institution: _____

Will the student receive financial aid at your institution? Yes No

If yes, list type and amount of funding: _____

Check which system is applicable to your institution: Quarter Semester

List total credit hours for which the student is enrolled: _____

The enrollment period is from: _____ to _____

List Cost of Attendance figures for the term under this agreement:

\$ _____ Tuition and fees

\$ _____ Room and board

\$ _____ Books and supplies

\$ _____ Transportation

\$ _____ Other

UNDER THIS AGREEMENT, THE HOST INSTITUTION AGREES TO:

- Certify the student has been accepted for enrollment in an academic program that meets Title IV financial aid eligibility requirements
- Provide school specific consumer information to the student
- Provide BC with documentation of the student’s enrollment at your school
- Notify BC if the student fails to enroll or withdraws from your school
- Provide BC with an official academic transcript upon completion of the agreement period

Host Institution Financial Aid Authorizing Signature _____ Date _____

Printed Name _____ Title _____

E-mail address _____ Telephone Number _____ FAX Number _____