

CONSORTIUM AGREEMENT

DEFINITIONS:

Parent Institution: The degree granting institution, The College of Idaho.
Visiting Institution: The institution offering coursework to degree seeking students of the parent institution.
Visiting Student: A degree seeking student admitted at the parent institution but taking coursework at the visiting institution under this agreement.

The parent institution will accept pre-approved credits taken at the visiting institution for academic undergraduate coursework applicable to a degree granted by the parent institution. A visiting student enrolled either partially or wholly at the visiting institution is entitled to evaluation and receipt of all Title IV student financial assistance from the parent institution in accordance with the practices and policies of the parent institution. The parent institution agrees to determine eligibility for and disburse student financial aid funds to visiting students. A student is eligible to receive Title IV financial assistance only from the parent or degree granting institution. Eligible financial aid funds will be forwarded from the parent institution directly to the visiting Institution.

INSTRUCTIONS FOR THE STUDENT:

In order to receive financial aid from The College of Idaho under this consortium agreement, you are required to complete this form and return it to the Office of Student Financial Aid, The College of Idaho, Campus Box 39, 2112 Cleveland Blvd, Caldwell, Idaho 83605, (208) 459-5380.

To complete this agreement, you must provide The College of Idaho's registrar with an official grade transcript from the visited institution after completion of the term covered by this Consortium Agreement.

SECTION I: VISITING STUDENT INFORMATION: (To be completed by student)

Name: _____ Social Security No.: _____

Permanent Address: _____
City State Zip Phone

Major Field of Study: _____ Degree

Objective: _____ Expected Date of Graduation: _____

I plan to enroll at _____ (visiting institution) for the following term:

<u>Class Title</u>	<u>Credits</u>
_____	_____
_____	_____
_____	_____

(You must attach a copy of your class registration and your fee statement.)

I understand that by signing this agreement, I am asking The College of Idaho to pay Title IV financial assistance to me for classes that I agree to complete at the visiting institution. I understand that this consortium agreement will terminate immediately following the conclusion of the enrollment period indicated above and that I will need to complete a new consortium agreement for each period of attendance at the visiting institution.

I hereby give The College of Idaho and the visiting institution permission to share appropriate information concerning enrollment, academic status, cost, and financial aid information necessary to execute this agreement.

I understand that I am responsible for paying any charges at the visited institution.

Visiting Student Signature: _____ Date: _____

