CONSORTIUM AGREEMENT

DEFINITIONS:

Parent Institution: Visiting Institution: Visiting Student: The degree granting institution, The College of Idaho. The institution offering coursework to degree seeking students of the parent institution. 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 INFORMATIO	DN : (To be completed	by student)				
Name:	Social Security No.:						
Permanent Address:							
Major Field of	City	State	Zip	Phone			
Study:				Degree			
	Expected Date of Graduation:						
I plan to enroll a	(visiting institution) for the following term:						
Class Title		Credits					
			of your cla	attach a copy ass registration ee 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: _____

SECTION II: REGISTRAR'S OFFICE, The College of Idaho

The coursework listed in Section I which will be taken at the visiting institution will be accepted toward the degree stated by this student in Section I.

Signature: Registrar, The College of Idaho				Date:			
SECTION III	<u>I</u> : VISITIN	G INSTITUTION					
Credit hours	enrolled (atta	ach copy of class	registration):	Total tui	tion and fee cost: \$		
(Circle one)	Quarters	Semesters	Term dates:	Begin date	to: End date		
I certify that	the informatio	on provided abov	en it is completed re is accurate. A a aws from any of th	agree to notify th	No ne Office of Student Financial	Aid at	
Institution				Signature			
Address				Typed Name			
City, State Z	ίp			Title			
Telephone				Date Signed			

SECTION IV: OFFICE OF STUDENT FINANCIAL AID, The College of Idaho

The College of Idaho agrees to pay Title IV financial assistance based on the information provided in this consortium agreement.

Office of Student Financial Aid Box 39 2112 Cleveland Blvd Caldwell, Idaho 83605 (208)459-5380

Signature

Typed Name

Title

Date Signed