

# TRANSIENT PROCEDURES

**A Consortium Agreement** is a contract between two colleges/universities that recognizes the registration of a student at each site for financial aid purposes. It also certifies that only one of the two colleges/universities will administer Title IV financial aid for the student.

The Consortium Agreement refers to the two colleges/universities as the “Home Campus” and the “Host Campus”: **The Home Campus** is the school where the student is fully matriculated and from which he/she will get a degree. **The Host Campus** is where the student temporarily takes courses, whose credits will be transferred back to his/her “Home Campus”.

## LISTED BELOW ARE THE GUIDELINES THAT APPLY TO STUDENTS INTERESTED IN PARTICIPATING IN A CONSORTIUM AGREEMENT:

- Students are responsible for having the host institution complete the consortium application and for submitting this completed form to the Financial Aid Office.
- Each class taken at the host institution must be considered a requirement of the degree that the student is seeking.
- Students must submit the approval letter from the Dean to the Office of Financial Aid.
- Students are advised to make financial arrangements with the host institution by the appropriate deadline for bill payment at that institution because arrangements for a consortium agreement may take several weeks.
- Consortium agreements are not applications for extra financial aid.
- Consortium agreements merely allow a student to get the same amount of financial aid he or she would normally receive for registering for all of his or her classes at Life. Furthermore, **Life does not automatically send funds to the host institution on behalf of the student.**
- Financial aid is only applied to a student’s bill at Life. If a credit balance is created by financial aid funds, then a refund is processed and released to the student. It is the responsibility of the student to use any refund to pay his or her bill at the host institution.
- Consortium agreements expire at the end of each quarter. Therefore, students seeking to participate in a consortium agreement for more than one quarter must reapply with a new application each quarter.
- At the conclusion of the consortium quarter, students must submit a copy of their grade transcripts to the Financial Aid Office at Life to determine if the student meets Satisfactory Progress Standards.
- Failure to provide the transcript will prohibit aid from being processed for subsequent quarters.

# CONSORTIUM AGREEMENT APPLICATION



Host School \_\_\_\_\_

Student ID# \_\_\_\_\_

Student \_\_\_\_\_ Date \_\_\_\_\_

SSN \_\_\_\_\_ Term \_\_\_\_\_

This student is seeking a degree from Life University and plans to enroll at the Host Institution listed above. This Consortium Agreement will allow Life University to disburse financial aid based on the student's combined enrollment at both institutions. Life University is responsible for determining eligibility and awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and federal reporting requirements. After all Life University charges are paid, Life University will disburse any excess aid to the student. **The student is responsible to pay the charges at the Host Institution.**

## UNDER THIS CONSORTIUM AGREEMENT, THE STUDENT WILL:

- Be enrolled in a degree, certificate, or other recognized program at the home school.
- Maintain satisfactory academic progress (SAP).
- Take courses at the host school which are transferable to his or her home school degree, certificate, or recognized credential as certified by his or her home school academic advisor.
- Notify the home school financial aid office if he or she does not begin attendance in the courses listed and approved in this consortium agreement.
- Immediately inform the home and host school of any change in enrollment status, including withdrawing from all courses or substitution of approved courses.
- Ensure that the host school provides the home school with a host school academic transcript upon completion of the consortium period.
- File a FAFSA and complete the required financial aid process prior to all applicable deadlines.
- Pay tuition, fees, and other expenses as charged by the home and/or host school.

My signature below verifies that the above information is correct and the coursework I am enrolled for at the host institution will lead to a degree at Life University. In addition, I understand there are specific regulations I must adhere to in order to meet Satisfactory Progress Standards as defined in the Consortium Procedures that I have read and understand. Also, any deviation of courses from the pre-approved courses may result in the loss of federal financial aid for the following quarters. Furthermore, my signature indicates my permission for the host Institution to provide enrollment information and permission to release my grades, verbally or written, to Life University Office of Financial Aid.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

The Host Institution agrees to complete this form, to confirm enrollment, **to inform Life University if the student withdraws from these courses**, and to not give the student any Title IV aid during this enrollment period.

# CONSORTIUM AGREEMENT



## HOST SCHOOL SECTION:

Enrollment Period: From \_\_\_\_\_ to \_\_\_\_\_

Tuition & Fees: \$ \_\_\_\_\_

Books & Supplies: \$ \_\_\_\_\_

Last day to drop these courses: \_\_\_\_\_

Name of Course (OR Attach Schedule)	Course Number	Please Confirm the # of Enrolled Credits	Life University ONLY Approved Course? (Y/N)
Total Credits			

By signing this agreement the HOST institution verifies that the student listed above will not receive financial aid, during the term in attendance, from the HOST institution. The HOST institution will notify **Life University** of any changes in enrollment during the period above in a timely manner. Any enrollment changes must be faxed to 770-426-2926; Attention: Financial Aid Director.

Name of Host Institution Representative \_\_\_\_\_

Title of Host Institution Representative \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax Number \_\_\_\_\_ Telephone or Email \_\_\_\_\_

## PLEASE RETURN COMPLETED FORM PROMPTLY TO:

Life University Office of Financial Aid  
 1269 Barclay Circle  
 Marietta, GA 30060  
 Fax 770-426-2926

<p><b>Office Use Only • Intake and Processing – Please Initial and Date</b></p> <p>Rec'd by: _____ Date: _____</p> <p>Processed By: _____ Date: _____</p>
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