



## **Financial Aid Consortium Agreement**

**Purpose of this Form:** A Consortium Agreement is necessary for students enrolled in degree-seeking programs at **Hartford International University for Religion and Peace** (Home school) to receive financial aid while temporarily attending another accredited higher education institution (Host school). The agreement allows Hartford International University to disburse financial aid based on combined enrollment at both institutions. **Each consortium agreement is only valid for the specific semester indicated.**

**Conditions of this Agreement:** Students are not permitted to receive federal financial aid through more than one institution at the same time. By completing this consortium agreement, the Host school agrees to defer to Hartford Seminary and not process any federal or state aid in your name.

**Eligibility Requirements:** To be eligible for a consortium agreement, you must have completed a FAFSA, meet all federal aid requirements, meet Satisfactory Academic Progress (SAP), and the courses taken at the Host school must be pre-approved for transfer towards your current degree program at Hartford International University. If your Host school refuses to complete the consortium agreement, there is no appeal process.

**Disbursements:** Your financial aid will be disbursed at Hartford International University according to federal regulations and institutional policies. Funds are not transferred from one school to another; if your charges at the Host school are due before you receive your aid refund from Hartford International University, it is your responsibility to pay them by other means. We strongly encourage you to contact the other institution to discuss payment deadlines and options. **Students are responsible for payment of all charges at their Host schools.**

**Enrollment:** You must notify the Hartford International University Registrar and Financial Aid Office if you drop or withdraw from any courses at the Host school. When your enrollment level changes, Hartford International University is required to review your aid eligibility and, if necessary, adjust it according to the Department of Education's Return of Title IV Funds requirements. You may lose eligibility for some or possibly all of your initial financial aid disbursement, creating a balance due. When you notify the Financial Aid Office of enrollment changes, include the names of the courses in question, their scheduled start and end dates, and the date(s) you dropped or withdrew from them.

## Consortium Agreement

**Instructions:** Please complete Section I of this form before forwarding it to the Host Institution for completion of Section II. Consortium agreements are valid only for the specific period indicated. A separate agreement is required for each individual academic term.

### Section I: STUDENT INFORMATION (To be completed by the Student)

Name of Student: \_\_\_\_\_ Student ID: \_\_\_\_\_

Name of Host Institution: \_\_\_\_\_

Consortium Period: Academic Year \_\_\_\_\_ Term [ ] Fall [ ] Spring

Course to be taken at Host Institution: \_\_\_\_\_

Student Certification: By signing this agreement, I attest that the courses listed above are intended to count towards completion of a degree at Hartford International University. I understand that I am responsible for paying any tuition, fees or other expenses incurred at both schools. I agree to inform the Hartford International University Financial Aid Office of any changes in enrollment and acknowledge that I am responsible for providing Hartford International University with an official transcript from the Host Institution at the conclusion of the consortium period. **I authorize the Host Institution to confirm my enrollment and to provide Hartford International University with the information requested in Section II below.**

#### I, the Student, agree to:

- Attach to this form the *Consortium Pre-Approval or Transfer Credit Pre-Approval* form to confirm that permission to take courses at the Host Institution was officially granted by Hartford International University.
- Notify the Hartford International University Financial Aid Office of any changes in my enrollment level at either school.
- Authorize the Host Institution to release any information required to finalize my financial aid at Hartford International University.
- Take responsibility for payment arrangements at the Host Institution.
- Have all of my federal financial aid processed only at Hartford International University for the duration of the Consortium Period.
- Submit an official transcript to Hartford International University no more than 30 days after the end of my classes at the Host Institution.

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

### Section II: HOST INFORMATION (To be completed by the Host Institution)

The student listed above is seeking a degree from Hartford International University and plans to enroll at your institution. The student wishes to use financial aid funds to help cover the course(s) listed as part of their Consortium Agreement. As the student's Home Institution, Hartford International University will be responsible for determining eligibility of awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and reporting federal requirements. This Consortium Agreement will allow Hartford International University to disburse financial aid based on the student's combined enrollment at both institutions. Once any balance due Hartford International University has been paid, Hartford International University will refund any excess financial aid to the student.

**Funds are not transferred from one school to another; the student is responsible for payment of all charges at the Host Institution.** The Host Institution agrees to provide Hartford International University with the following information.

**Host Institution Certification:** The Host Institution agrees NOT to process federal aid for the student named in Section I.

Name of Host Institution: _____
Enrollment Period: Academic Year _____ Term [ ] Fall [ ] Spring
Dates of Enrollment : from ___/___/_____ to ___/___/_____
Number of Credits Enrolled in: _____

Tuition:	\$ _____
Fees:	\$ _____
Room & Board	\$ _____
Books & Supp.	\$ _____
Misc.	\$ _____
Total Charges	\$ _____

\_\_\_\_\_  
Name and Title of Authorized Official

\_\_\_\_\_  
Signature (*must be signed by hand, not typed*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Telephone Number