FINANCIAL AID CONSORTIUM AGREEMENT WITH AN ELIGIBLE INSTITUTION

SECTION A. STUDENT AGREEMENT:

HOME SCHOOL (degree granting): Indiana Wesleyan University, Marion, IN 46953

HOST INSTITUTION:____

Host Address:____

____

City State Zip

This constitutes a financial aid consortium agreement ("Consortium Agreement") between Indiana Wesleyan University ("IWU" or HOME school) with the HOST institution on behalf of:

Student's Name:____

SSN:__________ -________- ____________ IWU ID #:______________________________

E-mail:____

Address: ____

____

City State Zip

In respect to providing financial aid disbursements, IWU agrees to grant academic credits to student for the enrolled practical and academic activities conducted at the HOST institution for dates:

FROM:______________________(MM/DD/YYYY) TO: ______________________(MM/DD/YYYY)

Credit will be given for the following pre-approved course(s) at the HOST institution:

Please circle appropriate term (Quarter or Semester) for each course.

NOTE: If quarter hours are used, IWU will determine the conversion ratio.

Course #:______________ Course Title:________________________ Credits: __________ Qtr / Sem

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SECTION B. STUDENT CERTIFICATION:

Student will receive notification (via mail) upon the completion and approval (or denial) of the Consortium Agreement. **The Consortium Agreement is for a single term. In order to have financial aid available for subsequent terms, it is mandatory that records for consortium credit hours be submitted immediately upon the term's completion. Without the records, aid for the subsequent term will not be available.**

1) **I am a degree-seeking student at Indiana Wesleyan University.**
2) **I will be taking_____ credit hours as stated on Section A of this Consortium Agreement at the HOST institution.**
3) **I hereby give permission for the HOST institution to release any and all records of my activities at said HOST institution and kept by said HOST (immediately at the close of the term) directly to Indiana Wesleyan University for purposes of granting the pre-approved contractual credit hours by IWU.**
4) I understand that the credit hours transferred to IWU under this Consortium Agreement will be included on my IWU transcript; however, the grades earned will not be reflected in my IWU GPA, but will be included in the calculation for graduating with honors and will be factored in to determine my Satisfactory Academic Progress (SAP) as it pertains to financial aid eligibility. **Failure to maintain SAP will result in the loss of financial aid eligibility.**
5) **I understand I am responsible for the payment of any and all educational costs incurred at the HOST institution.**
6) I understand that if I **drop credit hours** or **withdraw completely** from Indiana Wesleyan University or the HOST institution during the term specified, I **could be required to repay the financial aid** (including student loans) disbursed through Indiana Wesleyan University as a result of this Consortium Agreement. If this should occur, I understand I am **financially responsible for the payment of any and all educational costs at IWU and/or the HOST institution.**

I HAVE READ, DO UNDERSTAND, AND AGREE TO THE ABOVE.

Student's Signature:_____

Date:_____

Section C requires signatures of the IWU Division Chair and Director of Records/Registrar responsible for approving the coursework in Section A as being applicable to IWU's degree requirements. When these signatures have been secured, the Consortium Agreement is to be submitted to the HOST institution for the certification of any applicable costs as well as the time spent engaged in the stated practical/academic activity. The HOST will provide a signature as well as the address of the HOST. Upon completion of this information, the Consortium Agreement is ready for submission to IWU's Financial Aid Office.

SECTION C. INSTITUTIONAL CERTIFICATION:

IWU (to be completed by the IWU division confirming degree applicability of transfer hours)

Division Chair (signature)	Approved/Denied	Date

Director of Records/Registrar (signature)	Approved/Denied	Date

HOST INSTITUTION (to be completed by the HOST confirming the student's enrollment in the practical / academic activity stated in Section A and any applicable costs of said activity)

Number of enrolled credit hours: _____

Tuition/Fees: $_____

Books/Supplies: $_____

Room/Board: $_____

Other fees or costs: $_____

Specify and itemize the aforementioned fees or costs: _____

IWU and the HOST institution agree to the following:

1. IWU is the HOME institution for ALL financial aid matters.
2. IWU considers the above-named student to be accepted as a degree-seeking candidate.
3. IWU is the degree-granting institution for the above-named student.
4. IWU will provide financial aid disbursements for the above-named student as appropriate under federal Title IV, state and institutional guidelines for the academic period specified above.
5. IWU will calculate awards, monitor all student eligibility requirements, maintain financial aid records and return funds as required in case of student withdrawal.
6. IWU will grant credits for the previously approved courses for which the student has received a grade of "C" or above based in whole or in part on the aforementioned activities.
7. IWU will monitor Satisfactory Academic Progress (SAP) using all courses and academic activities taken at both IWU and the HOST institution.

8. The HOST institution agrees that the above-named student has been accepted for enrollment.
9. The HOST institution agrees not to provide federal or state financial aid for the above-named student during the specified consortium period. Outside scholarships or institutional fee waivers may only be disbursed to the above-named student with the prior notification to IWU.
10. The HOST institution agrees to notify IWU of any change in the activities of the above-named student during the specified consortium term.
11. The HOST institution agrees to release any and all records of the above-named student regarding the activities directly to IWU at the close of the specified consortium term.

Host Administrator (print name) Host Administrator (signature)

Title Date

Host Administrator E-mail Address

Host Address Telephone FAX

IWU Financial Aid Administrator (print name) IWU Financial Aid Administrator (signature)

Title Date

IWU Financial Aid Administrator E-mail Address

Approved/Denied Telephone FAX