

INDIANA UNIVERSITY NORTHWEST

Consortium Agreement 2008-2009 Academic Year

Please return the completed form to:
Office of Financial Aid and Scholarships
3400 Broadway
Hawthorn Hall Room 111
Gary, IN 46408-1197
Phone: (877) 280-4593
Fax: 219-981-5622

Student's Name _____
Please Print

Social Security Number: _____
Student ID: _____

Priority Date: At least 2 weeks prior to the start of the semester for which the Consortium is being requested.

Directions: Complete each section as instructed.

Section 1: Completed by the Student

Consortium Institution: _____ for _____
Institution's Name Student's Name

For the approximate dates of _____ to _____

Section 2: Completed by the Student: Please read and Sign Below

- I understand that I am responsible for paying all charges at the non-IUN campus. I also understand that all future IUN aid eligibility will be suspended if these charges remain unpaid.
- It is my responsibility to have the credits earned at the Consortium Institution transferred and applied toward my degree requirements at Indiana University Northwest. This must be done for each semester for which there is a Consortium Agreement. This must be done before a subsequent Consortium Agreement can be authorized.
- It is my responsibility to notify the Office of Financial Aid and Scholarships at Indiana University Northwest should I stop attending or change my enrollment at either school. Failure to do so will be grounds for loss of financial aid at Indiana University Northwest and the possible repayment of funds.
- Failure to maintain Satisfactory Academic Progress in my course of study will result in my being ineligible to receive financial aid through Indiana University Northwest.
- I give the Office of Financial Aid and Scholarships permission to release information in order to complete this Consortium Agreement.

Student Signature

Date

