INDIANA UNIVERSITY NORTHWEST
Office of Financial Aid and Scholarships

Consortium Agreement

20__-20__ Academic Year

Student’s Name: ___________________________ Student ID: ___________________________

Please Print

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: Student’s Agreement: Student must 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 ___________________________

Please return the completed form to:
Office of Financial Aid and Scholarships • 3400 Broadway, Rm 111 • Gary, IN 46408-1197
Phone: (219) 980-6778 • Fax: (219) 981-5622 • Email: finaidnw@iun.edu

Revised 01/2/20
**Section 3: Completed by the student’s IUN Academic Advisor**

This is to certify that this student has been granted permission to enroll in the following course(s) at the institution named in Section 1 as the Consortium Institution. Upon the satisfactory completion of the course(s) it is understood that the credits earned at the Consortium Institution will be transferred and applied to the student’s degree requirements at Indiana University Northwest.

<table>
<thead>
<tr>
<th>Approved Course(s) at the Consortium Institution</th>
<th>Credit Hours</th>
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Advisor’s Signature ______________ Department ______________ Date ______________

**Section 4: Completed by the Consortium Institution’s Financial Aid Office**

$___________ Tuition and Fees $___________ Books and Supplies
$___________ Other: ________________

Provide below the name and length of this Consortium Agreement:

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<tr>
<th>Semester</th>
<th>Length of Session</th>
<th># of Credit Hours</th>
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$___________ is the total amount of tuition and fees paid or to be paid at the Consortium Institution for the term listed by the student.

**Certification: Please read and sign below.**

The Consortium Institution agrees NOT to provide Pell Grant, Campus-Based and/or Stafford/Plus program payments to the student during the term specified; and further agrees to notify Indiana University Northwest if the student withdraws from any classes prior to the conclusion of the term specified in Section 4.

Consortium Institution - Financial Aid Counselor ______________ Date ______________

Indiana University Northwest agrees to provide payment(s) to the student named in Section 1, if eligible, under Pell Grant, Campus-Based and/or Stafford/Plus programs for the specific terms.

Home Institution - Financial Aid Counselor ______________ Date ______________