



## DELAWARE STATE UNIVERSITY

OFFICE OF FINANCIAL AID

Dear Financial Aid Administrator:

A student from Delaware State University will be attending your institution as a visiting student. To allow us to certify loan applications and/or process a Federal Pell Grant for the student, please complete this consortium agreement and return it to me as soon as possible at the following address:

Delaware State University  
Office of Student Financial Services  
1200 North Dupont Highway  
Dover, DE. 19901  
Fax # (302) 857-6251

Please note that you will also need to provide exact dates of enrollment and an estimated budget. Thank you for your prompt attention to this matter. If you have any questions or need additional information, please feel free to contact us at (302) 857-6250.

### CONSORTIUM AGREEMENT BETWEEN

The Office of Financial Aid, \_\_\_\_\_ (Host School) and Office of Financial Aid Delaware State University (home School) agree to enter into a consortium agreement for:

Student \_\_\_\_\_ SSN: XXX XX \_\_\_\_ and Date of Birth \_\_\_\_\_

#### Delaware State University Financial Aid Office

1. Agrees to provide payment to the student, if eligible, under Pell Grant, Stafford Loan, and/or PLUS Loan as appropriate for the term(s) specified above;

\_\_\_\_\_  
**Financial Aid Officer Signature & Date Please print name and title**

#### Delaware State University of Registration and Records

2. Certifies that the student is enrolled in a degree program at Delaware State University and is maintaining satisfactory academic progress, and
3. Certifies that the credits to be earned at the host school are transferable to Delaware State University.

\_\_\_\_\_  
**Registrar's Signature & Date Please print name and title**

1200 N. DUPONT HIGHWAY • DOVER, DELAWARE 19901-2277 • (302) 857-6250 • FAX (302) 857-6251



# DELAWARE STATE UNIVERSITY

OFFICE OF FINANCIAL AID

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## HOST SCHOOL FINANCIAL AID OFFICE

1. Name of College/University and Program \_\_\_\_\_

2. The host school certifies that the student listed has been accepted for enrollment in the program listed above and that the program meets the federal requirement for aid. The program is at least 15 weeks in length (unless a summer program), and the academic year is 30 weeks in length.

3. The host school agrees not to provide payments for the Federal Pell Grant, Federal Family Education Loan Programs, Ford Direct Student Loan Programs, GradExcel, Teri, and/or campus-based programs to the student for the term(s) specified above.

4. The host school agrees to notify Delaware State University if the student fails to enroll or withdraws from the host school.

5. Enrollment period, enrollment status, and estimated costs:

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

Enrollment Status: Fall: \_\_\_ credits Spring: \_\_\_ credits Summer: \_\_\_ credits

Estimated Costs: Tuition & Fees: \_\_\_\_\_

Room & Board: \_\_\_\_\_

Personal/Travel: \_\_\_\_\_

Other: \_\_\_\_\_

Total Costs: \_\_\_\_\_

6. Funding from host institution: Amount/Type: \_\_\_\_\_

Name, address and telephone number of person at the host school to whom check(s) for payment should be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Financial Aid Officer Signature & Date Please print name and title  
(Host School)**

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