



## Consortium Agreement Form Instructions

Obtain permission from your department to take credits at another institution by completing the "STUDENT REQUEST TO ENROLL IN COURSES AT ANOTHER INSTIUTION FOR TRANSFER CREDIT" form. Download the form at <http://www.desu.edu/financial-aid-forms-publications> or get a copy from the Office of Records and Registration.

Submit copies of the completed "STUDENT REQUEST TO ENROLL IN COURSES AT ANOTHER INSTIUTION FOR TRANSFER CREDIT" form to the Offices of Records and Registration and Financial Aid. Complete the registration process for the approved classes at your Host School.

The Offices of Financial Aid and Records and Registration will complete the appropriate sections of the Consortium Agreement and return it to you. You must also sign the first page of the form. The Financial Aid Officer listed under the "Home School Contact Information" will be your contact person for the duration of this agreement.

Submit a copy of the full Consortium Agreement to the Host School.

Once the Host School submits the completed agreement to the Office of Financial Aid, your financial aid eligibility will be determined and you will be awarded appropriately.

**NOTE:** You are responsible for paying the Host School. The Office of Financial Aid will release your funds to you at the mid-point of enrollment for the specified term(s) after verifying your enrollment with the Host School. Financial Aid can only be used to pay for approved classes.

Financial Aid will not send funds to the Host School on your behalf. Therefore, you should make payment arrangements with your Host School if your bill is due before your financial aid funds are released.

Approximate timeframes for disbursement will be:

- Fall Semester: Mid - October
- Spring: Mid - March
- Summer: Mid - July

## Office of Financial Aid

1200 North DuPont Highway  
Dover, DE 19901  
302.857-6250  
302.857.6251 (fax)  
email: [finaiddocs@desu.edu](mailto:finaiddocs@desu.edu)  
website: [desu.edu/financialaid](http://desu.edu/financialaid)



\_\_\_\_\_

Full Name

\_\_\_\_\_

ID Number

## Consortium Agreement Form

Dear Financial Aid Administrator:

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

**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 additional questions or concerns, please feel free to contact us at (302) 857-6250.

## CONSORTIUM AGREEMENT BETWEEN

### Delaware State University's Office of Financial Aid

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

Student's Name	Identification Number	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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's/Title Printed

\_\_\_\_\_

Financial Aid Officer's Signature

\_\_\_\_\_

Date

### Delaware State University's Office of Registration and Records

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

\_\_\_\_\_

Registrar Officer's Name/Title Printed

\_\_\_\_\_

Registrar Officer's Signature

\_\_\_\_\_

Date

### Student

- Acknowledges that he/she understands that Delaware State University and the Host School will communicate about his/her enrollment status and financial aid eligibility.
- Acknowledges that he/she understands financial aid can be processed for approved courses only.
- Certifies that he/she will be responsible for using available financial aid funds to pay the Host School; Delaware State University will send funds directly to the student at the mid-point of enrollment for the specified term(s) of this agreement.

\_\_\_\_\_

Student's Name (printed)

\_\_\_\_\_

Student's Signature

\_\_\_\_\_

Date

DSU to Host School

**Office of Financial Aid**

1200 North DuPont Highway  
Dover, DE 19901  
302.857-6250  
302.857.6251 (fax)  
email: finaiddocs@desu.edu  
website: desu.edu/financialaid



\_\_\_\_\_

Full Name

\_\_\_\_\_

ID Number

## Consortium Agreement Form

\_\_\_\_\_

Student's Name

\_\_\_\_\_

Student's Date of Birth

**Host School Office of Financial Aid**

\_\_\_\_\_ (Host Name/Program)

- Certifies that the student listed has been accepted for enrollment in the program listed above and that the program meets the federal requirement for financial aid.
- Agrees not to provide payments for the Federal Pell Grant, W.D. Ford Direct Student Loan Programs, alternative loans, and/or campus-based programs to the student for the term(s) specified above.
- Agrees to notify Delaware State University if the student fails to enroll or withdraws from the host school.

\_\_\_\_\_ to \_\_\_\_\_

Enrollment Period From      Enrollment Period From      Semester      Number of Credits

\_\_\_\_\_

Enrollment Status Fall Credits      Enrollment Status Spring Credits      Enrollment Status Summer Credits

\_\_\_\_\_

Estimated Tuition & Fees      Estimated Room and Board

\_\_\_\_\_

Estimated Personal Travel      Estimated Other Expenses

\_\_\_\_\_

Total Costs

**Home School Contact Information:** Name, address, telephone number, and email address of Financial Aid Officer at Delaware State University coordinating this Consortium Agreement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Host School Contact Information:** Name, address, telephone number, and email address of the person to contact to verify enrollment at the time of disbursement. Delaware State University will not authorize disbursement of funds until current enrollment status can be verified:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Financial Aid Officer's/Title Printed

\_\_\_\_\_

Financial Aid Officer's Signature

\_\_\_\_\_

Date

HOST SCHOOL to DSU