



Financial Aid Office

3141 Chestnut Street
Philadelphia, PA 19104

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E-mail finaid@drexel.edu
www.drexel.edu/financialaid

2007-2008 Consortium Agreement

If you are a degree-seeking student at Drexel University and plan to attend another institution for a term/semester, the consortium agreement must be completed in order to receive your federal financial aid.

A consortium agreement is a contract between the student, Drexel University (the 'home' institution) and the host institution (the other school). The agreement allows Drexel University to process federal student aid for the student while the student is taking approved courses at another institution.

Terms and Conditions of this Agreement

By signing this contract you will be agreeing to the following terms:

- I am asking Drexel University to include my enrollment hours at my host institution for federal, state and other financial aid eligibility (excluding Drexel University funds) at Drexel University. I may only apply for financial aid at Drexel University
- My financial aid assistance will be applied to my balance owed at Drexel University and Drexel will send any refund directly to me. It is my responsibility to pay my host institution for any/all balances owed to them. It is also my responsibility to make sure the Bursar's Office has the appropriate billing address in order to mail any refund that is available.
- Financial aid will be applied to my account based on the Drexel University disbursement schedule
- I agree to authorize my host institution to release any enrollment, academic and tuition related information to Drexel University for the period of enrollment reflected in this agreement
- I agree to enroll in courses that are transferable to my degree program at Drexel University
- I understand that I am subject to all polices of Drexel University and the Financial Aid Office, including the Satisfactory Academic Progress requirements
- I understand that I must notify the Financial Aid Office at Drexel University if my enrollment status changes while I am enrolled at the host institution
- I understand that I am responsible for getting the completed consortium agreement form back from the host institution and providing it to the Financial Aid Office at Drexel University
- I agree to provide the completed form on the reverse side of this page, to the Financial Aid Office at Drexel at least four weeks prior to the start of the Drexel term
- I understand that failure to complete this consortium agreement will prevent the disbursement of my financial aid funds

Student Signature

Date

Please Print:

First Name

Last Name

Drexel University ID

Please turn this page over for the Consortium Agreement Form 

Consortium Agreement Form

Section I TO BE COMPLETED BY THE STUDENT

Please PRINT

Last Name _____ First Name _____

Drexel ID Number _____ Host School ID or S.S # _____

Name of Host Institution _____

Contact Person _____ Telephone Number _____ Fax _____

Street Address _____

City _____ State _____ Zip _____

Section II TO BE COMPLETED BY DREXEL UNIVERSITY ACADEMIC ADVISOR

DU Advisor _____ Telephone Number _____

College _____

Enrollment: Indicate the term and number of credits expected for registration at each institution for the entire year. Please indicate '0' if the student will not be registered for that particular term. Please DO NOT leave any item blank.

Drexel University Enrollment:

Fall Term/Semester 2007-2008
 Winter Term 2007-2008
 Spring Term/Semester 2007-2008
 Summer Term 2007-2008

Total Credits Registered:

Host Institution Enrollment:

Fall Term/Semester 2007-2008
 Winter Term/Semester 2007-2008
 Spring Term/Semester 2007-2008
 Summer Term/Semester 2007-2008

Total Credits Registered:

By signing this contract, I give permission to the above named student to enroll in courses at the host institution and certify that the credits earned there will fulfill degree requirements at Drexel University.

Signature _____ Date _____

Section III TO BE COMPLETED BY HOST INSTITUTION FINANCIAL AID ADVISOR

Program Costs:

Tuition and Fees	Room and Board	Books and Supplies	Transportation	Miscellaneous	TOTAL

Enrollment:

Enrollment Period (M/D/YR)		Academic Term Type (circle one)			Total Credits Registered
Start	End	Quarters	Semesters	Trimesters	
/ /	/ /				
/ /	/ /				
/ /	/ /				

By signing this contract, I agree to notify Drexel University's Financial Aid Office in writing if the student fails to register, reduces the number of enrolled credits or withdraws from classes.

Signature _____ Date _____