



Eastern Illinois University  
Office of Financial Aid and Scholarships  
Student Services Building  
600 Lincoln Avenue  
Charleston, Illinois 61920-3099  
Fax: (217) 581-6422 Phone: (217)-581-6405

## 2020-2021 Financial Aid Consortium Agreement

### Definitions

**Consortium agreement** – a written agreement between two or more eligible schools.

**Home School** – the school where the student is enrolled in a degree or certificate program.

**Host School** – the school where the student is taking part of his or her program requirements through either a consortium or contractual agreement.

### Policies and Procedures

1. The student completes the Eastern Illinois University Financial Aid Consortium Agreement with their academic advisor and then submits it to Host School's Office of Financial Aid.
2. Once Host School completes their section and returns it to Eastern Illinois University Office of Financial Aid and Scholarships, financial aid eligibility will be determined. Host School must also confirm the student's enrollment for the semester requested. A copy of the student's registration from the host school must be included.
3. Student's eligibility for financial aid will be determined by the number of credit hours in which the student has enrolled in at both Eastern Illinois University and the Host School. The total enrollment status (i.e. full time,  $\frac{3}{4}$  time,  $\frac{1}{2}$  time, or less than  $\frac{1}{2}$  time) will be used by the Office of Financial Aid and Scholarships ONLY, and it does not apply to other enrollment status matters that may be required by Eastern Illinois University academic colleges and departments.
4. STUDENTS MUST BE ENROLLED IN A MINIMUM OF SIX (6) CREDIT HOURS AT EASTERN ILLINOIS UNIVERSITY.
5. The consortium agreement will not be processed until after Eastern Illinois University's published Census date for the semester, which is typically the end of the 10th day of class for both fall, spring, and summer terms. A new agreement must be completed each semester.
6. The student is responsible for the payment of tuition and fee charges incurred at Host School.
7. During the semester, for which the Consortium Agreement is approved, the student is responsible for immediately reporting any changes in enrollment at Host School to Eastern Illinois University, Office of Financial Aid and Scholarships.
8. It is the student's responsibility to complete and submit a transcript request to Host School prior to the end of the term in which the student is enrolled asking that a transcript be released to Eastern Illinois University.  
**Failure to submit a final transcript will result in the removal of Host School credit hours from the financial aid records and all previously awarded aid based on those hours will be cancelled, and as a result, the student should expect a bill.**

This consortium agreement is entered into between the institutions below for the purpose of providing financial aid assistance to the named student.

**Please retain this page for your records**



CON \_\_\_\_\_

Student Name \_\_\_\_\_

EIU E# \_\_\_\_\_

Home School: Eastern Illinois University

Host School: \_\_\_\_\_

Enrollment Period: \_\_\_\_\_

Academic Year: 2020-2021

Hereafter, \_\_\_\_\_ will be referred to as Host School.

The two institutions named above are entering herein to a consortium agreement for:

Name of Student (*Please Print*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home School: Eastern Illinois University

Total number of hours enrolled in at EIU for this enrollment period (must be six or more): \_\_\_\_\_

Host School: \_\_\_\_\_

Total number of hours enrolled in at Host School for this enrollment period): \_\_\_\_\_

List Course, credit hours and dates of enrollment at host school for the Enrollment Period:

<u>Course Name</u>	<u>Credit Hours</u>	<u>Dates of Enrollment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Overall total hours enrolled at both Eastern Illinois University and Host School: \_\_\_\_\_

Signature of approving Academic Advisor: *(The Undergraduate Academic Advisor signature indicates that all credit hours earned at Host School are transferrable to Eastern Illinois University and will count toward the student's degree at Eastern Illinois University.)*

EIU Undergraduate Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EIU Undergraduate Academic Advisor (printed name): \_\_\_\_\_

Student signature below certifies that ALL of the following are true:

- 1. I will be assessed tuition and fees for services received by Host School.**
- 2. I have discussed course enrollment with my Academic Advisor at Eastern Illinois University in regard to transfer credit applicability toward my degree.**
- 3. I am aware that if I take more hours of course work than allowed by Eastern Illinois University's Academic Load rule; I will need to obtain an Undergraduate Academic Waiver to allow the extra hours to apply toward graduation.**
- 4. I will abide by the admissions and registration procedures and course availability limitations and Host School.**
- 5. I understand it is my responsibility to complete and submit a transcript request to Host School asking that a transcript be released to Eastern Illinois University immediately after the program ends.**
- 6. I have read and understand the policies and procedures outlined on the first page of this agreement.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CON \_\_\_\_\_

Student Name \_\_\_\_\_

EIU E# \_\_\_\_\_

Host School Student ID# \_\_\_\_\_

**Host School Section:**

Disbursement Agreement: Eastern Illinois University, the degree granting institution, agrees to calculate and pay funds for which the student may be eligible. Host school will not process any financial aid for the student during the terms of the consortium agreement. Host School agrees that tuition and fee costs associated with the student's enrollment at Host School, as shown below are correct.

Host School Tuition and Fees: \_\_\_\_\_

Host School Housing charges: \_\_\_\_\_

Host School Board charges: \_\_\_\_\_

Host School 'Other' charges: \_\_\_\_\_

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

Copy of Host School Registration attached.

\_\_\_\_\_  
 Director Date  
 Office of Financial Aid and Scholarships  
 Eastern Illinois University

\_\_\_\_\_  
 Director of Financial Aid for Host School Date

**Return completed form by mail to:  
 Eastern Illinois University  
 Office of Financial Aid and Scholarships  
 Student Services Building  
 600 Lincoln Avenue  
 Charleston, IL 61920-3099  
 Fax: 217-581-6422  
 Email: [finaid@eiu.edu](mailto:finaid@eiu.edu)**

**Office Use Only:**

**ROAENRL /Budget/Aid**

**10 day Registration Confirmed**

**Sent To Registrar**

**Transcript Received**

**If no transcript, hold placed**