



Boston University Financial Assistance

Financial Aid Consortium Agreement

This financial aid consortium agreement is required by the federal government for either postsecondary institution listed below to pay or process Federal (Perkins Loan, Stafford Loan, PLUS Loan) or state award for a student who is enrolled as a non degree student at the **Host institution** but is a matriculated graduate school degree candidate at **Boston University**.

Section I. To be completed by the Student	
Student's name	Social Security Number
Permanent Address	
Local Telephone Number	E-mail Address

*Throughout this document Boston University is referred to as the "Home" Institution. As such, Boston University enters into a consortium agreement with the "Host" Institution named herein.

Home Institution: Boston University **Host Institution:** _____

The student is completing this form for the following semester (check one)
Fall Spring Summer

Proposed courses to be taken at the Host Institution during this semester

Course Number	Course Title	Credit Hours	Start and End dates

Section II of this form must be completed by an official at the Office of the Academic Dean at your Boston University school/college, and must confirm that the credits to be earned at the Host Institution will be accepted toward the completion of your Boston University degree.

Section III must be completed by an official of the Financial Aid Office at the Host Institution.

All items (front and back) must be completed before Boston University Financial Assistance can process any federal or state financial aid for which you may, as a student matriculated into a degree program at Boston University taking classes at another (Host) institution, be eligible.

Student's Signature _____ **Date** _____

Student's Name _____ Social Security Number _____

Section II. To be completed by the Office of Academic Dean at Boston University

1. Name of Boston University College/School: _____
2. Is the student currently enrolled in a degree program: Yes No
3. Is the student in academic good standing with his/her College: Yes No
4. Has the student received approval from his/her College for the courses he/she proposes to take (listed in section I) at that the Host Institution: Yes No
5. Will the credits be accepted toward completion of the Boston University degree: Yes No

Signature	Name	Title	Date
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Section III. To be completed by the Host Institution's Financial Aid Office

Cost of Attendance:	Dates of Enrollment: _____
Tuition \$ _____	Financial aid awarded by Host school: _____
Fees \$ _____	_____
Room & Board \$ _____	Number of credits: _____
Books/Supplies \$ _____	Comments: _____
Transportation \$ _____	_____
Personal \$ _____	_____
MISC \$ _____	_____
Total \$ _____	_____

Certification

1. **Boston University** agrees to provide payment(s) to this student, if eligible, under Title IV Programs as appropriate for the term(s) specified.
2. The **Host** School agrees not to provide Title IV Program payments to this student during the term(s) specified and further agrees to notify **Boston University** if the student withdraws from classes with the Host Institution.
3. It is agreed to by both **Boston University** and the **Host** Institution that all financial aid will be sent to the Host Institution in the form of a check made co-payable to the student and the Host Institution.

Host Institution Name _____

Contact Person _____ Telephone # _____

Address _____

Signature	Name	Title	Date
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Section IV. To be completed by Boston University Financial Assistance

Signature	Name	Title	Date
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