

# Financial Aid Consortium Agreement Form

**2025-2026 Academic Year**

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**.

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.

## Section 1: (To be completed by the student.)

|                    |                         |
|--------------------|-------------------------|
| Student's Name:    | Social Security Number: |
| Permanent Address: |                         |
| Phone Number:      | BU Email 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 Code | Course Title | Credit Hours | Start/End Dates |
|-------------|--------------|--------------|-----------------|
|             |              |              |                 |
|             |              |              |                 |
|             |              |              |                 |
|             |              |              |                 |



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**Section 2: (Must be completed by an official at the Office of the Registrar at your BU 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.)**

Name of Boston University College/School: \_\_\_\_\_

1. Is the student currently enrolled in a degree program: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

2. Is the student in academic good standing with his/her College: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

3. 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** \_\_\_\_\_

4. Will the credits be accepted toward completion of the Boston University degree: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

|                   |               |
|-------------------|---------------|
| <b>Name:</b>      | <b>Title:</b> |
| <b>Signature:</b> | <b>Date:</b>  |

**Section 3: (Must be completed by an official at the Office of Financial Assistance at the Host Institution.)**

|  |  |
|--|--|
| <b><u>Cost of Attendance</u></b><br><br>Tuition _____<br>Fees _____<br>Room/Board _____<br>Books/Supplies _____<br>Transportation _____<br>Personal _____<br>Miscellaneous _____<br><br><b>TOTAL</b> _____ | <b>Dates of Enrollment:</b> _____<br><br>Financial Aid Awarded by Host Institution: _____<br>_____<br>_____<br><br>Number of Credits: _____<br><br>Comments: _____<br>_____<br>_____ |
|--|--|



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## 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 Institution** 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: | Phone: |
| Address:          |        |
| Contact Person:   | Title: |
| Signature:        | Date:  |

## Section 4: (Must be completed by an official at the Office of Financial Assistance at Boston University.)

|            |        |
|------------|--------|
| Name:      | Title: |
| Signature: | Date:  |

