



# OFFICES of FINANCIAL AID and REGISTRAR Consortium Agreement

This Consortium Agreement is entered into between Houghton University (HU/the home institution) and the indicated host institution for the purpose of providing financial assistance to the degree seeking, matriculated, undergraduate/graduate student named below. **This is only possible if the student is making satisfactory academic progress.** This completed document must be on file with all concerned parties before Houghton University will disburse any financial aid funds for the period of study in question.

### Part I: To Be Completed By Student

ID#:P \_\_\_\_\_

Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_

This Consortium Agreement is an agreement between Houghton University and the host institution for the enrollment period verified (Part II) by the host institution.

The Student Acknowledges that:

1. After signing, the student is under the authority of this Consortium Contract for the time period specified below.
2. Both parties involved (HU and host school) are allowed to share the student's personal information with the other for matters related to this agreement.
3. The student's Title IV Funds will be applied toward his/her bill and any credit balance, can be given to the student to provide to the host institution.
4. The student is responsible for charges from both the host and home school.
5. The credit hours earned during the duration of this agreement are applied to the student's Houghton University transcript and toward a Houghton University degree if the student meets Houghton University's requirements.
6. The classes taken should first be approved through the Registrar's Office.

Date of Visiting Enrollment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Academic Year: \_\_\_\_\_

I certify that I am a matriculated undergraduate/graduate student at Houghton University and in good academic standing with a cumulative GPA of 2.5 or above. I am requesting to receive financial aid from HU while taking courses at another school. I acknowledge the above stipulations. Upon completion of the courses listed below, I request that an official transcript be forwarded to my home school.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please record all enrolled course below:

<u>Course #</u>	<u>Course Title</u>	<u># of Credits</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Note:** A copy of this form will be returned to the student after completion by all parties.

-----  
**Part II: To Be Completed By Host Institution**

Detailed Institutional Budget for  
Financial Aid for Period of Enrollment

Tuition and Fees \$ \_\_\_\_\_

Room and Board\* \$ \_\_\_\_\_

Books and Supplies\*\$ \_\_\_\_\_

Transportation\* \$ \_\_\_\_\_

Other (Specify)\* \$ \_\_\_\_\_

Number of Credits Enrolled in at Host Institution: \_\_\_\_\_

Length of Period of Enrollment: \_\_\_\_\_ weeks

Actual Dates of Enrollment for these Credits:  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Terms of Enrollment: \_\_\_\_\_ Summer \_\_\_\_\_ Fall  
\_\_\_\_\_ Spring \_\_\_\_\_ Other

Host institution expenses will be used in calculating awards.

\*Houghton University expenses will be used unless a change of residence is required.

### Certification

- A. The Host Institution certifies that the previously-referenced HU student is enrolled for the stated period of attendance. **The Host Institution certifies that it will inform Houghton University if the student withdraws before the end of the stated period of attendance as well as providing amended cost of attendance figures**, in order for HC to perform any necessary recalculation of the student's financial aid (i.e. return of TITLE IV funding).
- B. The Host Institution agrees that it will not pay the student a Federal Pell Grant/ACG/SMART Grants and/or any campus-based funds and that it will not certify a Federal Family Educational Loan or Federal Direct Student Loan for the stated period of attendance.
- C. The Host Institution agrees to allow credit hours earned under this contract to count toward a HC degree and appear on a HU transcript if the student meets HU's requirements.
- D. The Host Institution certifies that it is a TITLE IV eligible institution.
- E. The Host Institution certifies that it has entered into a consortium or contractual agreement with any foreign institution with which they are participating in a Study Abroad program.
- F. The Host institution agrees that HU will report the student's data for enrollment reporting for the National Student Loan Data System as well as all other required reporting structures including the Fiscal Operation Report and Application to Participate.
- G. The Host School agrees to forward a transcript to the Registrar's Office upon completion of the above courses.

Host Institution's Signature \_\_\_\_\_

Title \_\_\_\_\_

Name of Host Institution \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_

FAX Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Note: Please return this form to the Houghton University Office of Financial Aid.

### Part III: To Be Completed By Houghton University Offices of Financial Aid and Registrar

### Certification

- A. Houghton University agrees to accept the credit hours earned at the Host Institution toward completion of a HU degree, if the proper course approval form has been certified through the Houghton University Registrar's Office and the student has earned a grade of C- or better for each course being transferred to HU.
- B. Houghton University agrees to monitor the student's program pursuit and satisfactory academic progress, to be responsible for disbursing funds to the student and for administering the appropriate refund policy, including the recalculation of any TITLE IV aid if the student should withdraw. HU agrees to handle verification and awarding of funds.
- C. Houghton University agrees to inform the student of the nature of this agreement and how it affects the student's aid.

Houghton University agrees to the terms stated above and authorizes the release of financial aid funds to the student. Financial Aid awards to be received by the student for the stated period of attendance are as follows:

Federal Pell	\$ _____
Federal PLUS Loan	\$ _____
Federal Subsidized. Stafford Loan	\$ _____
Federal Unsubsidized. Stafford Loan	\$ _____
Federal PLUS Loan	\$ _____
Other _____	\$ _____

**Note:** Any financial aid received must first be applied to Houghton University expenses.

**Note:** Revised award estimates based on Host Institution tuition and fees should be included in the HU financial aid package.

\_\_\_\_\_  
Houghton University Financial Aid Director      Date

\_\_\_\_\_  
Houghton University Registrar      Date

Distribution:

Host Institution  
Houghton University Office of Financial Aid  
Houghton University Registrar's Office  
Student

Registrar's Office  
Phone: 585-567-9350  
Fax: 585-567-9610  
Email: [RegistrarsOffice@houghton.edu](mailto:RegistrarsOffice@houghton.edu)

Student Financial Services Office  
Phone: 585-567-9328  
Fax: 585-567-9610  
Email: [financialaid@houghton.edu](mailto:financialaid@houghton.edu)