

# CONSORTIUM AGREEMENT

To receive financial aid from Brigham Young University - Idaho under this consortium agreement, you are required to complete this form and return it to the Brigham Young University - Idaho Financial Aid Office, 100 Kimball Building, Rexburg, ID 83460-1610, (208) 496-1015.

DEFINITIONS	
Home Institution:	The degree granting institution, Brigham Young University – Idaho
Host Institution:	The Institution offering course work to degree seeking students of the Home Institution
Visiting Student:	A degree seeking student admitted at the Home Institution but taking course work at the Host Institution under this agreement.

The Home Institution will accept credits taken at the Host Institution for academic undergraduate course work applicable to a degree granted by the Home Institution. A visiting student enrolled either partially or wholly at the Host Institution is entitled to evaluation and receipt of all Title IV student financial assistance from the Home Institution in accordance with the practices and policies of the Home Institution. The Home Institution agrees to determine eligibility for and disburse student financial aid funds to visiting students. A student is eligible to receive Title IV financial assistance only from the Home Institution.

SECTION 1 - TO BE COMPLETED BY THE VISITING STUDENT			
Name _____	SS # _____ - _____ - _____		
Address _____	Phone _____		
Degree You Are Seeking _____	Expected Graduation Date _____		
Name of Host Institution _____			
Enrollment Period: (Mark only one) <input type="checkbox"/> FALL 20____ <input type="checkbox"/> WINTER 20____ <input type="checkbox"/> SUMMER 20____			
List the course(s) to be taken at the Host Institution and <b>attach a copy of your Registration Statement confirming enrollment:</b>			
NUMBER	TITLE	NUMBER OF CREDITS	<i>Approved by BYU-Idaho Registrar</i>
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
STUDENT CERTIFICATION			
I certify that all information provided on this form is true and complete and ask the Home Institution to include the classes indicated above, which I agree to complete at the Host Institution, in determining my eligibility for Title IV financial aid. I agree to provide the Home Institution with an Official Transcript of my grades from the Host Institution immediately following the end of the enrollment period indicated above. I understand that this consortium agreement will terminate upon the conclusion of the enrollment period and that I will need to negotiate a new consortium agreement for each period of attendance at the Host Institution.			
I authorize the Host Institution to provide an Official Transcript of my final grades to the Home Institution.			
Visiting Student Signature _____		Date _____	

