

Consortium Agreement

In order to receive financial aid from the University of Idaho under this consortium agreement, you are required to complete this form and return it to Student Financial Aid Services, University of Idaho, P.O. Box 444291, Moscow, Idaho 83844-4291; Phone (208) 885-6312; Fax (208) 885-5592.

Definitions

- Parent Institution:** The degree-granting institution, University of Idaho.
- Visiting Institution:** The institution offering the coursework to degree-seeking students of the parent institution.
- Visiting Student:** A degree-seeking student admitted at the parent institution but taking coursework at the visiting institution under this agreement.

The parent institution will accept credits taken at the visiting institution for academic coursework applicable to a degree granted by the parent institution. A visiting student enrolled either partially or wholly at the visiting institution is entitled to evaluation and receipt of all Title IV student financial assistance from the parent institution in accordance with the practices and policies of the parent institution. The parent 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 parent or degree-granting institution. A student requesting to be considered as a visiting student must complete and return this form to the Office of Student Financial Aid Services at the University of Idaho in order to be considered for Title IV aid at the University of Idaho. **The student is responsible for providing grade transcripts to the University of Idaho from the visiting institution at the end of the semester.**

SECTION I. To be completed by the visiting student

Name _____ Social Security Number _____
Address _____ Phone _____
Major Field of Study _____
Degree Objective _____ Expected Date of Graduation _____
Name of Visiting Institution _____
Mailing Address of Visiting Institution _____

ENROLLMENT PERIOD: (MARK ONLY ONE) FALL 20__ SPRING 20__ SUMMER 20__

List the course to be taken at the visiting institution:

Number	Title	Credits: Semester ____ Quarter ____ (Mark one)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Certification

I understand that by signing this agreement, I am asking the parent institution to pay Title IV financial assistance to me for classes that I agree to complete at the visiting institution. I understand that this consortium agreement will terminate immediately following the conclusion of the enrollment period indicated above and that I will need to complete a new consortium agreement for each period of attendance at the visiting institution. I certify that I will be enrolled as a full-time student (Undergraduate: 12 semester hour credits; Graduate: 9 semester hour credits; Law: 10 semester hour credits). **I agree to provide a grade transcript for the enrollment period indicated above to the University of Idaho at the end of the semester.** To the best of my knowledge all information provided on this form is true and complete.

Visiting Student Signature

Date

