



## Consortium Agreement

Between  
Lincoln University  
And

\_\_\_\_\_  
(Name of Host School)

Lincoln University and the school named above are herein entering into a consortium agreement for:

Name of Student: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone Number/Email Address \_\_\_\_\_

Indicate which semester this form is being completed for:  Fall  Spring  Summer

NOTE: Students must complete this form for *every semester* they wish to receive financial aid under a consortium agreement.

### Section I – Student Criteria

The student must:

1. Take courses at the Host School that are transferable to their degree program at LU.
2. Be enrolled in a degree-granting program at LU, and be making satisfactory academic progress as specified by the LU Satisfactory Progress Policy.
3. Submit this completed form along with a copy of their registration from their Host School to the LU Department of Student Financial Aid.
4. Submit grade transcripts from their Host School at the end of the semester.
5. NOT be receiving financial aid at the Host School.
6. Make their own fee arrangements at the Host School.

### Section II – To be Completed by Student’s LU Academic Advisor

How many of the credit hours that the student is taking at the Host School are applicable to their program at LU?

Please list the course(s) the student is taking at the Host School which are applicable to their program at LU:

Academic Advisor’s Signature	Please Print Name
Academic Department	Telephone Number/Email Address

**Section III – To be completed by the Host School**

Will the student receive financial aid at your institution?  Yes  No

**If “Yes,” STOP. Do not complete the remainder of this form. Please sign the form and return it to the student.**

If “No,” please complete the remainder of this form:

Dates of Enrollment under this Agreement	Number of Weeks of Instructional Time
<input type="text"/> to <input type="text"/>	<input type="text"/>
Tuition and Fees per credit hour	\$
Books and Supplies per credit hour	\$
Room and Board	\$
Transportation	\$
Personal	\$
Child Care	\$
<b>Total</b>	\$

The Host School will notify the Lincoln University Department of Student Financial Aid if the student withdraws from any classes taken under this Agreement.  Yes  No

Host School’s Financial Aid Officer’s Signature	Please Print Name
Telephone Number/Email Address	Date

**Please return this form to:**  
**Lincoln University**  
**Department of Student Financial Aid**  
**103 Young Hall**  
**820 Chestnut St, PO Box 29**  
**Jefferson City, MO 65102-0029**

**Comments:**
