

Consortium Agreement

When a student wishes to take courses at more than one institution, a consortium agreement is entered into to allow a student to receive financial aid for courses taken at another college/university while also attending Lincoln University. These guidelines are designed for students who are pursuing an academic program at Lincoln University.

The following items must be met in order to complete the Consortium Agreement process:

- You must be an enrolled student at Lincoln University, in at least one course (three credit hour minimum) or enrolled in a Study Abroad Program.
- You must have completed the FAFSA (Free Application for Federal Student Aid) and have been awarded federal financial aid to attend Lincoln University.
- Courses taken at other institutions will be approved for financial aid only if an equivalent course is not offered at Lincoln University during the same semester (allowance will be made for evening (day) students when the course is not offered at Lincoln University during the evening (day)). Academic advisors need to verify this information before approving the student's request to study at another institution.
- Your academic area must approve your request to study at another institution. It is the student's responsibility to obtain that approval. Student must first take consortium agreement to their academic advisor for approval. If agreement is approved, student may take agreement to other institution for approval. If approved by both academic advisor and other institution, consortium agreement must be mailed or faxed to Lincoln University for processing.
- The course period at host institution must coincide with Lincoln University's academic year. Course must be completed prior to any federal financial aid being awarded in the future.
- All course work from previous consortium agreements must be sent and recorded at our Record's Office prior to the consideration of a new consortium agreement request.
- Consortium Agreements must be approved by Host Institution before the Lincoln University Department of Student Financial Aid will process it.
- The Department of Student Financial Aid will not approve a consortium agreement if it is apparent that the course work indicated on the Consortium Agreement does not contribute towards the student's academic program.

Lincoln University Department of Student Financial Aid 820 Chestnut Street 103 Young Hall Jefferson City, MO 65101 (573) 681-6156 Fax: (573) 681-5871 financialaid@lincolnu.edu This form must be completed by all parties and returned to the LU Department of Student Financial Aid at least two weeks before the beginning of the term to provide time for processing and/or adjusting awards and having it not impact refund eligibility of the term.

INSTRUCTIONS TO STUDENT:

You must be in good academic standing at LU. Your courses must be required for your degree program and must be approved by your academic advisor/department head/college dean at LU.

You may attend another institution as a visiting student for a maximum of two semesters. This agreement is for only one academic term, not for an academic year. You must attend LU while taking these other courses.

You must do the following:

- 1. Provide your complete name, LU student ID, social security number, permanent mailing address, permanent phone number, and email address. If your address will be different while attending the host institution, please provide us with your address and phone number.
- 2. Provide the complete name and address of the institution you plan to attend as a visiting student.
- 3. Indicate the term and year you will attend the host institution as a visiting student.

Your financial aid will be applied to your balance due LU and any funds left will be forwarded to you to transfer over to the host institution. You are responsible for paying off charges incurred at host institution.

INSTRUCTIONS TO THE HOST INSTITUTION OFFICIALS:

Please provide total fees and tuition charges for courses listed on this form. Attach a copy of the statement of charges.

Please provide exact dates of enrollment for the semester in which the student plans to be a visiting student.

By signature on this form, you certify the student is enrolled as a visiting student at your institution and no financial aid will be processed for the student.

The host institution must complete their section prior to the Lincoln University Records' Office or Department of Student Financial Aid certifying their portion.

Please notify the Department of Student Financial Aid at Lincoln University, if the student drops or changes classes at your institution for the time period stated on the consortium agreement.

INSTRUCTIONS TO LU OFFICIALS:

The academic advisor, department head, or college dean must sign this form certifying that the courses are required for the student's degree.

The LU Records' Office must sign this form certifying the student named herein is in good academic standing and has permission to take the courses listed at the host institution.

The LU Records' Office will conduct Enrollment Reporting to the National Student Loan Data System (NSLDS).

The LU Records' Office will maintain Title IV recordkeeping and reporting requirements.

The LU Department of Student Financial Aid Financial Aid Counselor must sign this form certifying the student herein has permission to attend the host institution and the LU Department of Student Financial Aid will process financial aid for this student for the term indicated.

| Student Name | | | LU Student ID Social Security Number | | | y Number | |
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| ermanent Mailing Address | City | State | Zip | Phone | | | |
| ailing Address While Attending Host Insti | tution City | State | Zip | Phone | | | |
| | | CONSOR | | NT | | | |
| coln University (LU), the home institution | n and the host institution, | | | | | | |
| me of Host Institution | | | | | | | _ |
| signature of authorized officials, hereby ancial aid for the student during his/her p I aid for the student. The Host Institutior cancelled upon receipt of written notifica | period of enrollment at the n agrees to notify LU Dep | e Host Institution, wh | nile a degree seeki | ng student at LU | I. It is further agreed | the Host Institution | will not process fina |
| urse Number Course | Title | | Credi | t Hours | LU Equivalent | | |
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Return Completed Form to:

Lincoln University, Department of Student Financial Aid, 820 Chestnut Street, 103 Young Hall, Jefferson City, MO 65101 or Fax (573) 681-5871.

STUDENT FINANCIAL AID CONSORTIUM AGREEMENT

- In order to receive federal financial aid as a student for the Fall or Spring, I understand all required documents must be submitted and processed by the Department of Student Financial Aid at Lincoln University. This includes:
 - A processed Free Application for Federal Student Aid (FAFSA). If I have not filed a FAFSA or listed LU, I understand processing of my financial aid will be delayed up to 8 weeks.
 - Submitting all documents requested for verification or quality assurance.
 - Submitting an occurrents requested for vernication of quality ass
 Submitting loan application and signed loan promissory notes.
 - Submitting all requested material.
 - A processed Consortium Agreement certifying enrollment.
- I understand the Consortium Agreement must be returned to the LU Department of Student Financial Aid on or before the first day of classes. If the Consortium Agreement is not received by the first day of classes at Lincoln University, adjustments will be made, however they may impact time line for refund to be processed, depending on eligibility.
- I am responsible for making sure I am financially enrolled with LU Student Accounts Receivable Office, 105R Young Hall.
- I will keep the LU Department of Student Financial Aid informed of changes to my class schedule (dropping a class or canceling the program), address and/or phone number.
- I understand completion of this consortium agreement does not guarantee enrollment in classes at the host institution. I understand I must meet any course prerequisites demanded by the host institution, even if LU does not require similar prerequisites. I understand it is my responsibility to enroll and make payment in full to the host institution. My financial aid will process and pay towards my account at LU. Any refund will be generated to me.

I have read and understand my responsibilities for the consortium agreement.

Signature

Date