

Indiana University South Bend
Office of Financial Aid and Scholarships
1700 Mishawaka Avenue
Box 7111
South Bend, IN 46634
574-520-4357 / FAX: 574-520-5561

CONSORTIUM AGREEMENT

2013-2014 Academic Year

According to federal regulations, a Consortium Agreement must exist before a home institution can process an application for federal funds for students attending another institution. Therefore, the two institutions named below herein enter a Consortium Agreement for:

STUDENT'S NAME _____ UID _____

Home Institution INDIANA UNIVERSITY SOUTH BEND Host Institution: IVY Tech Community College of Indiana South Bend

I agree to notify the IUSB Office of Financial Aid and Scholarships of any changes in my enrollment at the Host Institution. I understand I am responsible for paying any and all charges to the HOST institution.

Student Signature _____ Date _____

TO BE COMPLETED BY STUDENT'S ACADEMIC ADVISOR

I certify that the above named student is enrolling in the remedial course(s) listed below (provide course number(s)) _____ for a total of _____ cr hrs during the _____ semester at IVY Tech.

This/These course(s) is/are required to complete the student's degree program and must be recorded on the student's IU transcript.

Academic Advisor's Signature _____ Date _____

TO BE COMPLETED BY HOST INSTITUTION FINANCIAL AID OFFICER

ENROLLMENT DATA:

Term (circle one) Fall 2013 Spring 2014

Status Number of Enrolled Hours _____

Dates From: _____ To: _____
month / day / year month / day / year

COST OF ATTENDANCE: **Actual** costs at Host Institution used for Stafford/FFELP:

Tuition & Fees: \$ _____ Room & Board: \$ _____ Books & Supplies: \$ _____

Miscellaneous: \$ _____ Transportation: \$ _____

The Host Institution agrees **NOT** to provide federal aid funds to the above mentioned student for the term(s) specified.

Signature for Host Institution _____ Title _____

Printed Name _____ Date _____

Name of Institution IVY Tech Community College of Indiana South Bend Phone 574-289-7001 X5307

TO BE COMPLETED BY HOST SCHOOL REGISTRAR

I agree to notify the IUSB Office of Financial Aid and Scholarships, within 10 days, if the above-mentioned student totally withdraws, drops below half-time or receives grades of FN/FNN* during the specified term of this consortium agreement. *FN - stopped attending; FNN - Never attended

Registrar's Signature _____ Printed name _____ Phone # _____ Date _____

CERTIFICATION

IU South Bend **agrees** to provide payment(s) to the above mentioned student, if eligible, under the Federal Student Aid programs for the term specified above.

Signature for Indiana University South Bend (Home Institution) _____ Date _____