



**Financial Aid Office**  
1145 King Road  
Immaculata, PA 19345

Telephone: 610.647.4400 ext. 3028  
E-mail: [Finaid@immaculata.edu](mailto:Finaid@immaculata.edu)  
[www.immaculata.edu/FinAid](http://www.immaculata.edu/FinAid)

**2018-2019 Consortium Agreement**

If you are a degree-seeking student at Immaculata University and plan to attend another institution for a term/semester, the consortium agreement must be completed in order to receive your federal financial aid.

A consortium agreement is a contract between the student, Immaculata University (the ‘home’ institution) and the host institution (the other school). The agreement allows Immaculata University to process federal student aid for the student while the student is taking approved courses at another institution.

**Terms and Conditions of this Agreement**

By signing this contract you will be agreeing to the following terms:

- I am asking Immaculata University to include my enrollment hours at my host institution for federal, state and other financial aid eligibility (excluding Immaculata University funds) at Immaculata University. I may only apply for financial aid at Immaculata University
- My financial aid assistance will be applied to my balance owed at Immaculata University and Immaculata will send any refund directly to me. It is my responsibility to pay my host institution for any/all balances owed to them. It is also my responsibility to make sure the Bursar’s Office has the appropriate billing address in order to mail any refund that is available.
- Financial aid will be applied to my account based on the Immaculata University disbursement schedule
- I agree to authorize my host institution to release any enrollment, academic and tuition related information to Immaculata University for the period of enrollment reflected in this agreement
- I agree to enroll in courses that are transferable to my degree program at Immaculata University
- I understand that I am subject to all polices of Immaculata University and the Financial Aid Office, including the Satisfactory Academic Progress requirements
- I understand that I must notify the Financial Aid Office at Immaculata University if my enrollment status changes while I am enrolled at the host institution
- I understand that I am responsible for getting the completed consortium agreement form back from the host institution and providing it to the Financial Aid Office at Immaculata University
- I agree to provide the completed form on the reverse side of this page, to the Financial Aid Office at Immaculata at least four weeks prior to the start of the Immaculata term
- I understand that failure to complete this consortium agreement will prevent the disbursement of my financial aid funds

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Please Print:**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Immaculata University ID

**Please turn this page over for the Consortium Agreement Form**

**(2018-2019) Consortium Agreement Form**

**Section I TO BE COMPLETED BY THE STUDENT**

Please PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Immaculata ID Number \_\_\_\_\_ Immaculata Email Address \_\_\_\_\_

Name of Host Institution \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Section II TO BE COMPLETED BY IMMACULATA UNIVERSITY ACADEMIC ADVISOR**

IU Advisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

College \_\_\_\_\_

**Enrollment:** Indicate the term and number of credits expected for registration at each institution for the entire year. Please indicate '0' if the student will not be registered for that particular term. Please DO NOT leave any item blank.

**Immaculata University Enrollment:**

**Total Credits Registered:**

Fall Semester (201890) \_\_\_\_\_  
 Spring Semester (201910) \_\_\_\_\_  
 Summer Semester (201950/70) \_\_\_\_\_

**Host Institution Enrollment:**

**Total Credits Registered:**

Fall Semester (2018) \_\_\_\_\_  
 Spring Semester (2019) \_\_\_\_\_  
 Summer Semester (2019) \_\_\_\_\_

By signing this contract, I give permission to the above named student to enroll in courses at the host institution and certify that the credits earned there will fulfill degree requirements at Immaculata University.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section III TO BE COMPLETED BY HOST INSTITUTION FINANCIAL AID ADVISOR**

**Program Costs:**

Tuition and Fees	Room and Board	Books and Supplies	Transportation	Miscellaneous	TOTAL

**Enrollment:**

Enrollment Period (M/D/YR)	Academic Term Type (circle one)	Total Credits Registered
/ /	Quarters      Semesters      Trimesters	
/ /	Quarters      Semesters      Trimesters	
/ /	Quarters      Semesters      Trimesters	

By signing this contract, I agree to notify Immaculata University's Financial Aid Office in writing if the student fails to register, reduces the number of enrolled credits or withdraws from classes.

Signature \_\_\_\_\_ Date \_\_\_\_\_