

REQUEST FOR TRANSIENT FINANCIAL AID AND CONSORTIUM AGREEMENT

This form is for degree-seeking WVU students requesting financial aid to pursue courses at another institution. These courses must transfer back as completed credits to WVU or one of its divisional campuses. This includes courses taken during study abroad trips organized through affiliate corporations.

Section I: Student Information

Student Name: _____ WVU ID: _____

I am requesting aid for another institution for (check all that apply): Fall _____ Spring _____ Summer _____
(year) (year) (year)

Date of Birth: _____ Last 4 Digits of SSN: _____

Consortium Period: Aid Year _____

Section II: Consortium Agreement

Consortium Agreement: An agreement between a home school (WVU) and a host institution which officially acknowledges the enrollment, cost, and admission status of a degree-seeking student pursuing courses at another institution.

Under this consortium agreement, I, the student:

- Authorize that my information may be released to and obtained from the host institution.
- Am enrolled as a degree-seeking student in a program at WVU or one of its divisional campuses.
- Understand that I am responsible for making payment of tuition, fees, or other institutional charges by WVU and/or the host institution regardless of the status of the consortium.
- Understand that I must notify the appropriate WVU financial aid department on my campus if I do not begin attendance in the courses listed and approved in the consortium agreement with the host institution.
- Understand that I must notify the appropriate WVU financial aid department on my campus and the host institution immediately of any change in enrollment status, including withdrawal from all courses or substitution of approved courses.
- Understand that I must maintain satisfactory academic progress for financial aid eligibility.
- Will ensure that the host institution provides the appropriate Registrar Office at my campus with an official academic transcript of my courses taken at the host institution within 30 days of completion of the transient coursework.
- Understand that my financial aid may be reduced or canceled if my official transcripts from the host institution are not received or do not match the courses approved on my consortium agreement.

Student Signature (Must be in ink. Electronic signatures not accepted.)

Date

Section III: Submit Necessary Documentation

Students must complete the first requirement listed below as well as either the second or third requirement.

- I have submitted my Free Application for Federal Student Aid (FAFSA) at fafsa.ed.gov.
- I am taking courses at another school, and I have submitted the Transient Credit Application to my academic advisor. _____ (Advisor Name)
- OR
- I am taking courses through a study abroad affiliate, and I have requested international equivalencies from the Education Abroad Office

Section IV: Information about the Other School (Host School or Program)

Under this consortium agreement, the Host School:

1. Certifies that the student listed has been accepted for enrollment in an academic program that meets the Title IV student financial aid eligibility requirements.
2. Will make available applicable student consumer information required under Title IV.
3. Will provide WVU with documentation of the student enrollment at the Host School.
4. Agrees to notify WVU if the student fails to enroll in, or withdraws from, the Host School, including the withdrawal date and other relevant information.
5. Will provide WVU with a Host School Academic Transcript within 30 days of completion of the consortium period. WVU will also accept a transcript requested by the student when applicable.

School/Program's Name: _____

Financial Aid Contact: _____ Contact Email: _____

Financial Aid Contact Signature: _____

(Contact *must be able* to verify the number of hours enrolled, courses, dates of enrollment, and cost of attendance.)

Contact Phone: _____ Contact Fax: _____

Section V: To Be Completed by HOST Institution (Do Not Leave Any Section Blank)

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

Student will be enrolled as a: Undergraduate Graduate

Number of credit hours enrolled: _____

Student will be enrolled: Full-time 3/4-time Half-time Less than Half-time Enrollment Dates:

From _____

Provide budgeted expenses for the student during the consortium period:

Tuition and Fees: \$ _____ Room & Board: \$ _____

Book & Supplies: \$ _____ Transportation: \$ _____

Misc. Expenses: \$ _____ Other (Specify): \$ _____

List the courses that the student is registered to take at Host School and for which you will monitor enrollment status for WVU:

COURSE NAME	CREDIT HOURS

COURSE NAME	CREDIT HOURS

Section VI: To Be Completed by HOME Institution (WVU)

I, the WVU Financial Aid Counselor, hereby agree to:

1. Certify that the student is making satisfactory academic progress toward completion of their degree program of study at WVU.
2. Process the student's Title IV financial aid application and provide payment of Title IV funds, if eligible, as appropriate for the consortium agreement period.
3. Make available applicable student consumer information required under Title IV.
4. Ensure that the WVU Office of the University Registrar conducts Enrollment Reporting to the National Student Loan Data System.
5. Calculate returns for Title IV funds, when appropriate.
6. Maintain Title IV recordkeeping and reporting requirements.
7. Disburse financial aid which will be released directly to the student who is responsible for paying the charges at the host institution. Disbursement of aid will occur at the beginning of the enrollment period listed above but will not be earlier than the first disbursement date at WVU for the semester for which aid is requested.
8. Document and monitor student enrollment in WVU coursework taken during the consortium period (if applicable):

9. Provide budgeted expenses for the student's **WVU** coursework (if applicable) during the consortium period.

Tuition and Fees: \$ _____ Room & Board: \$ _____
 Book & Supplies: \$ _____ Transportation: \$ _____
 Misc. Expenses: \$ _____ Other (Specify): \$ _____

Counselor Name: _____ Phone: _____
 Email Address: _____ Fax: _____
 Counselor Signature: _____ Date: _____

Please return this agreement by email or fax to the WVU Financial Aid Counselor listed in Section VI of the last page.

When completed, this form contains information protected under the Family Educational Rights and Privacy Act (FERPA) as part of the Privacy Act of 1974. WVU is an equal opportunity/affirmative action institution.
hub.wvu.edu/contact