

OFFICE OF STUDENT FINANCIAL AID
 CONSORTIUM AGREEMENT
 Between
 LOMA LINDA UNIVERSITY SCHOOL OF NURSING
 And

Name of Host School	Title IV School Code

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

Name of Student	Social Security No.	Telephone No.
LLU ID No.	Email Address	

For which semester are you completing this form: Summer Fall Winter Spring

NOTE: You must complete this form for *each quarter/semester* for which you wish to receive financial aid under a consortium agreement.

If you add regular LLU courses to your schedule after submitting this form to our office, check with your Financial Aid Officer to ensure those courses are considered in your course load.

Section 1- Student Criteria

The Student must:

1. Take courses at the Host School which are transferable to their degree program at LLU.
2. Be enrolled in a degree-granting program at LLU, and making satisfactory academic progress as specified by the LLU Satisfactory Progress policy.
3. Submit this completed form along with a copy of their registration from their Host School to their Financial Aid Officer.
4. Submit grade transcript from their Host School at the end of the semester.
5. NOT be receiving financial aid at the Host School.

Section II- To be completed by student's LLU Academic Advisor

How many of the credit hours which the student is taking at the Host School are applicable to their degree program at LLU?

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

Academic Advisor's Signature	Printed Name
Academic Department	Telephone No. / 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
Tuition and Fees per credit hour	\$
Books and Supplies per credit hour	\$
Room and Board	\$
Transportation	\$
Personal	\$
Child Care	\$
Total	\$

Loma Linda University Office of Student Financial Aid will be notified by the Host School if the student withdraws from any classes taken under this Agreement.

Yes No

Host School's Financial Aid Officer's Signature	Please print or type name
Telephone No. / Email Address	Date
Home School's Financial Aid Officer's Signature	Please print or type name
Telephone No. / Email Address	Date

By accepting this agreement, Loma Linda University Office of Student Financial Aid agrees to the following:

1. Financial aid disbursed by LLU is based on the student's eligibility to receive their degree/certificate at LLU.
2. All financial aid under this agreement will be disbursed by LLU.
3. LLU will monitor the student's Satisfactory Academic Progress in accordance with their Satisfactory Academic Progress policy.

PLEASE RETURN THIS COMPLETED FORM TO THE LLU CAMPUS YOU ARE ATTENDING.

Loma Linda University is an Equal Opportunity/Affirmative Action Institution. Pursuant to the Americans with Disability Act, if you require this information in alternative format or have special needs, please contact the Office of Student Financial Aid for assistance.