

**CONSORTIUM AGREEMENT**  
**Between Institutions for Administration of Financial Aid**

The University of Colorado Anschutz Medical Campus (Home institution) and the Host institution (where student is visiting)

**A** (NOTE: This agreement is to be used for only one academic term, not for an academic year.)

Full name of Host institution: \_\_\_\_\_

Address of Host institution: \_\_\_\_\_

By signature of authorized officials, hereby agree that upon enrollment of the student named herein at the host institution for the term and hours recorded below, the University of Colorado Anschutz Medical Campus shall serve as the home institution and shall administer all financial aid for this student during her/his period of enrollment at the host institutional while a degree seeking student at the University Colorado Anschutz Medical Campus. It is further agreed that completion of this agreement precludes the student's eligibility for financial aid from the host institutional during this period.

Name of Student: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ CU ID: \_\_\_\_\_

Student's Permanent Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Certification of Agreement by Host (visiting) Institution

**B** The student named above has been admitted at this (the host) institution as a visiting student for the courses listed below. The host institution agrees to notify the CU Anschutz Financial Aid Office in the event of any change in the student's enrollment status and of any refund due to the student.

**Enrollment Status at Host institution:**  Full-time  Half-time **Term:**  Fall 20\_\_  Spring 20\_\_  Summer 20\_\_

Course Number	Course Section	Title of Course	Semester Cr Hrs
1.			
2.			

(The Host institution **must attach a copy** of the student's course schedule.)

**Enrollment period of host institution: Starts:** \_\_\_\_\_ **Ends:** \_\_\_\_\_  
(exact mm/dd/yyyy) (exact mm/dd/yyyy)

**The total tuition/fees charges for the enrollment period and courses indicated above are \$** \_\_\_\_\_  
(The Host institution **must attach a copy** of the student's billing statement of fees/tuition charges.)

\_\_\_\_\_  
Signature – Host Institution Registrar or Financial Aid Administrator      Name (Typed or Printed)      Date

Certification by Home Institution: University of Colorado Anschutz Medical Campus

**C** This is to certify that the student name above is a graduate Nursing student in good standing at the University of Colorado Anschutz Medical Campus. S/he has our permission to take the courses listed above, which are required as part of her/his degree program, at the Host (visiting) institution during the enrollment period indicated above, and to transfer them back to this institution upon completion, to be applied toward her/his Nursing degree program.

\_\_\_\_\_  
Signature - College of Nursing  Advisor  Dean  Dept Chairperson      Name (Typed or Printed)      Date

\_\_\_\_\_  
Signature - CU Anschutz Financial Aid Administrator      Name (Typed or Printed)      Date

## CONSORTIUM AGREEMENT

A consortium agreement allows a student to receive financial aid for classes at another institution (Host) while taking classes and earning a degree at CU Anschutz (Home). Under this Agreement your financial aid will be awarded and processed by CU Anschutz, therefore, you cannot apply for financial aid from the Host institution.

### INSTRUCTIONS - All information on this form must be typed or printed, except for the signatures.

This form must be completed by all parties and returned to the CU Anschutz Financial Ai Office at the beginning of the term to provide time for processing and/or adjusting awards, and having refunds available by the beginning of the term.

#### Section A: (Student)

1. Enter the full name of the college or university you will be attending as a visiting student.
2. Enter the full address of that college or university, including the zip code.
3. Enter your name, social security number, and permanent mailing address.

#### Section B: (Student and CU Anschutz)

1. **Student:** Enter the information for the courses you plan to take at the institution which you will be visiting (for each course; course number, section, title, and credit hours), and the term for which you plan to enroll at the Host institution.
2. **College of Nursing Academic Advisor, Dean or Department Chairperson:** If agreeing to the Home institution's certification statement and the course(s) indicated:
  - a. Sign and check whether you are the Advisor, Dean or Department Chairperson
  - b. Print or Type your name and date.
3. **CU Anschutz Financial Aid Administrator:** This agreement is not final until signed by a CU Anschutz Financial Aid Administrator.

#### Section C (Host Institution)

1. **Host Institution:** If you are in agreement with the information in Sections A and B,
  - a. Check the student's enrollment status and term of enrollment at your institution.
  - b. Enter the Start and End dates of the term, in which the visiting student will be enrolled at your institution for the courses listed Section B. NOTE: this agreement can be used for only one academic term (semester), not for an academic year.
2. **Host Institution Registrar's Authorized Representative or Financial Aid Administrator:** If in agreement with Sections A, B, And C,
  - a. Sign
  - b. Print or type your name and date
  - c. Remember that you are agreeing not to award or disburse financial aid to the student.
  - d. Enter the total amount of all tuition/fees charged by your institution to the student for the courses listed, and attach a copy of the student's billing statement of tuition/fees charges.
  - e. Submit an additional sheet explaining charges other than tuition and fees that the student will be charged by your institution.

**College of Nursing:** Return completed and signed Agreement to the CU Anschutz Medical Campus, Financial Aid & Scholarships Office

**Email:** [financial.aid@ucdenver.edu](mailto:financial.aid@ucdenver.edu)

**Mail to:** Mail Stop A088, 13120 E. 19<sup>th</sup> Ave., Aurora, CO 80045