

CONSORTIUM AGREEMENT

Between

University of Colorado Anschutz Medical Campus (CU Anschutz)	and	
<i>(Home School)</i>		<i>(Host School)</i>

The Home School and the Host School listed above are hereby entering into a consortium agreement.

Section I – To be completed by the student (Please type or print)

Student's Name:	CU Anschutz ID:
Student's Phone:	Host Student ID:
Name of Host School Financial Aid Officer:	
Phone:	Fax:
e-mail:	
Financial Aid Office Address:	
Consortium Period: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____	

Under this agreement, the student will:

1. Be enrolled in an eligible graduate degree program at CU Anschutz College of Nursing.
2. Maintain Satisfactory Academic Progress.
3. Take courses at the Host School which are transferable to his/her CU Anschutz degree, as certified by the CU Anschutz Financial Aid & Scholarships Office.
4. Notify the CU Anschutz Financial Aid & Scholarships Office if he/she does not begin attendance in the courses listed in section II of this agreement.
5. Immediately inform CU Anschutz and the Host School of any change in enrollment status, including withdrawing from all courses or substitution of approved courses.
6. Ensure that the Host School provides CU Anschutz with an academic transcript upon completion of the consortium period.
7. File a Free Application for Federal Student Aid (FAFSA) and complete the required financial aid process prior to all applicable deadlines.
8. Pay tuition, fees, and other expenses as charged by CU Anschutz and/or the Host School.

Student's Signature:	Date:
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Section II – To be completed by CU Anschutz Academic Advisor, Dean, Program Director

Number of credit hours the student is taking at the Host School:			
Student's enrollment status while at the Host School:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Half-time	<input type="checkbox"/> Less than half-time
List the individual course(s) and credits the student is (will be) taking at the Host School which are applicable to his/her academic program at CU Anschutz.			
Course Number:	Course Name:	Credits	Term Period:

Under this agreement, the University of Colorado Anschutz Medical Campus:

1. Certifies that the student is enrolled in an eligible graduate degree program in the College of Nursing at CU Anschutz.
2. Agrees to accept the course work listed above toward the completion of the student's degree requirements.

Dean's, Advisor's or Director's Signature and Date:	
Printed Name & Title:	
Department, Program or School:	Phone:

Section III – To be completed by the Host School Financial Aid Office

Will the student receive financial aid at your institution? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list the type & amount of aid from the Host School:			
		\$	
		\$	
Enrollment period dates: From:		To:	
Number of credits student is enrolled for:			
Student's enrollment status while at the Host School:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Half-time	<input type="checkbox"/> Less than half-time
Tuition & fees:	\$	Room & board:	\$
Books & supplies:	\$	Transportation:	\$
Misc. personal expenses:	\$	Other (specify):	\$

Under this agreement the Host School:

1. Will make available applicable student consumer information required under Title IV.
2. Will provide CU Anschutz with documentation of the student's enrollment at the Host School
3. Agrees to notify CU Anschutz if the student fails to enroll in, or withdraws from, the Host School (to include the withdrawal date and other relevant information.)
4. Will provide CU Anschutz with a Host School academic transcript upon completion of the consortium period.

Host School Financial Aid Officer's Signature:	
Printed Name & Title:	Title:
e-mail address:	
Phone:	Date:

Return the completed agreement to:

Financial Aid & Scholarships Office
University of Colorado Anschutz Medical Campus
Mail Stop A088
13120 E. 19th Avenue
Aurora, Colorado 80045

Section IV – To be completed by CU Anschutz Financial Aid & Scholarships Office

Under this agreement CU Anschutz:

1. Agrees to process the student's Title IV financial aid application and provide payment of Title IV funds (if eligible) for the consortium period.
2. Will make available applicable student consumer information required under Title IV.
3. Certifies that the student is making satisfactory academic progress toward the completion of his/her degree at CU Anschutz.
4. Will conduct Enrollment Reporting to the National Student Loan Data System (NSLDS).
5. Will calculate return of Title IV funds, when appropriate.
6. Will maintain Title IV recordkeeping and reporting requirements.

CU Anschutz Financial Aid Officer's Signature:	
Printed Name & Title:	Phone:
e-mail Address:	Date: