2016-2017 CONSORTIUM AGREEMENT FORM

Purpose:
The purpose of this agreement is to set forth the procedures for the administration of Title IV federal financial assistance as well as state and institutional financial assistance for students concurrently attending Indiana University-Purdue University Fort Wayne (IPFW) and another accredited college or university.

Instructions:
1. The student must read and sign off on page one of this consortium agreement at the bottom of page one.
2. The student must fill in the name of the visiting school and complete Section I of page two of this consortium agreement form.
3. The student must meet with their IPFW Academic Advisor and have the advisor complete Section II on page two of this consortium agreement form.
4. Submit the consortium agreement form to the visiting school’s Office of Financial Aid for completion of the Section III on page two of this consortium agreement form.
5. The visiting school must then return the completed form to the IPFW Office of Financial Aid by fax, email or mail. This form must be completed and returned to the IPFW Office of Financial Aid by the end of the aid period for the given term the student is requesting this consortium agreement form to be approved.

Student Responsibilities:
1. You must pay for your classes at the Visiting School with your refund from the aid you receive at IPFW. IPFW bears no responsibility regarding the payment of your tuition/fee charges at the Visiting School.
2. You are required to inform IPFW Office of Financial Aid if you drop a class, fail to start a class or change your classes at the Visiting School. If you change classes at the visiting school, you must submit a new Consortium Agreement Form. If you drop, withdraw or fail a class you may be required to repay the financial aid that you have received.
3. You must request an academic transcript of your grades earned at the Visiting School to be sent to IPFW once the term is over. A hold will be placed on your IPFW financial aid record until the transcript is received and recorded at IPFW. This hold will prevent you from receiving any future financial assistance at IPFW. You are responsible for informing the IPFW Office of Financial Aid once the transcript has been received at IPFW. Failure to do this may cause delays in future financial aid assistance.
4. You must successfully complete your classes at the Visiting School or you may be denied future financial assistance (refer to IPFW SAP Policy at www.ipfw.edu/financial-aid/) and may be denied aid for future consortium agreements.

Exception: If you are receiving enough Indiana state financial aid to cover above your IPFW tuition/fees and charges, then IPFW will automatically send this amount to your visiting institution on your behalf. IPFW does not guarantee that it will be sent by the Visiting School’s payment deadlines and is not responsible for any late fees incurred to the student a result. It is up to you to review your account at both IPFW and the Visiting School and ensure that your bills at both schools are paid by payment deadlines.

Other Important Consortium Agreement IPFW Policy Information:
1. Undergraduate students must be enrolled at IPFW in a minimum of six undergraduate credit hours and no more than 11 credits, graduate students must be enrolled in a minimum of four graduate credit hours during the term you wish to attend another school in order to have your consortium agreement approved.
2. You must be a degree seeking student at IPFW in order to be eligible for financial assistance.
3. You must meet all eligibility requirements for Title IV federal assistance as set by the U.S. Department of Education.
4. You cannot receive financial assistance at both schools.
5. A Consortium Agreement will not be processed for independent study or audited classes.
6. A Consortium Agreement will not be processed if you are enrolled full-time at IPFW as you are already eligible for the maximum financial aid possible, based on your enrollment at IPFW.
7. IPFW merit scholarship awards are for full-time enrollment at IPFW only.
8. Consortium Agreements are granted to IPFW students when a class they need to stay on course to graduate per their IPFW degree map is not available (class is full, not offered, etc.). Every effort will be made to adjust the IPFW degree maps so the student can stay on course to graduate while taking classes at IPFW. If an adjustment can be made, then the consortium agreement will not be granted.

Student Certification Statement: I certify by signing below that I have read, understand and will adhere to the above page one of the consortium agreement that outlines the purpose, instructions, student responsibilities and other important information regarding consortium agreements while attending IPFW. I understand that providing any false or misleading information may result in reduction of or repayment of financial aid.

Student Name: ____________________________________________ Date Signed: ____________________________

___________________________________________________________

Student Signature: _________________________________________ Date Signed: ____________________________

Indiana University-Purdue University Fort Wayne ● Office of Financial Aid ● Kettler Hall – Room 102 ● 2101 E. Coliseum Blvd., Fort Wayne, IN 46805
Phone: (260) 481-6820 ● Fax: (260) 481-4159 ● Email: finaid@ipfw.edu
Consortium Agreement

Indiana University-Purdue University Fort Wayne (IPFW) and (Visiting school) ___________________________

SECTION I: To be completed by the STUDENT

Student Name: __________________________________________________ IPFW Student ID: __________________________

Home Address: __________________________________________________ Cell Phone: __________________________

City: __________________________ State: __________________________ Zip: __________________________ Home Phone: __________________________

Semester this agreement is for (check one): □ Fall (Aug-Dec) □ Spring (Jan-May) □ Summer I & II (May-Aug)

Below please list the name(s) of the courses you intend to take at the visiting school:

<table>
<thead>
<tr>
<th>Course Name &amp; Course #</th>
<th>Credit Hours</th>
<th>IPFW Equivalent Course Name &amp; Course #</th>
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<tbody>
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SECTION II: To be completed by Student’s IPFW Academic Advisor

Instructions to Advisor: Please answer the following questions regarding this student to certify this Consortium Agreement:

Please list the student’s major here:

1. Will the student be enrolled in a minimum of six credit hours concurrently at IPFW while taking courses at the visiting school as outlined per this agreement? (Please not this is a requirement, so if the answer is no, the consortium agreement is not permitted for this student and this form does not need to be completed.) YES or NO

2. Is the class (or classes) listed above by the student transferable back to IPFW and required of the student’s degree program? (Please not this is a requirement, so if the answer is no, the consortium agreement is not permitted for this student and this form does not need to be completed.) YES or NO

3. Have you discussed alternative courses that the student could take at IPFW that would keep them on course to graduate per their degree map? YES or NO

4. Please explain the reasoning as to why you feel the student must take this course(s) at a visiting school per this consortium agreement instead of within their IPFW degree map (please attach additional statement/documentation if you need more room):

Advisor Certification Statement: Upon consulting the student’s IPFW degree map, academic record and degree requirements I certify that the information that I have provided above is accurate at the date I have signed this form.

Advisor Name: __________________________ Department: __________________________ Phone: ( ) __________________________

Advisor Signature: __________________________ Date: __________________________

SECTION III: To be completed by the Visiting School’s Office of Financial Aid

Enrollment dates for named student at visiting school: (Start Date) ___________ to (End Date) ___________

Cost of Attendance for enrollment period stated above:

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<tr>
<th>Tuition:</th>
<th>Transportation:</th>
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<tbody>
<tr>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Room &amp; Board:</td>
<td>Other (Specify: _________)</td>
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<tr>
<td>$_________</td>
<td>$_________</td>
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<tr>
<td>Books &amp; Supplies:</td>
<td>COA TOTAL:</td>
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<tr>
<td>$_________</td>
<td>$_________</td>
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</tbody>
</table>

As a representative of the visiting institution you agree to the following: 1) That the named student has registered for the courses listed in section I of this agreement; 2) That if this student’s enrollment status or classes change, that you will notify IPFW Office of Financial Aid; and 3) That you will NOT process financial aid for this student.

Visiting School FA Representative Printed Name: __________________________ Title: __________________________

Representative Signature: __________________________ Date: __________________________

*Completed agreements can be mailed, faxed or emailed to the IPFW contacts listed below.

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