

## Consortium Agreement

### Home Institution

Stephens College, Office of Financial Aid

### Host Institution:

& University: \_\_\_\_\_

Stephens College and the host institution named above are herein entering into a consortium agreement for the purpose of disbursing student financial aid to Stephens College student named below, attending the host institution as a guest student for a specific and limited duration:

Student's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Student's birthday \_\_\_\_\_ Address \_\_\_\_\_

The individual authorized to sign below on behalf of Stephens College does hereby agree to the following:

1. Stephens College agrees to accept the transfer credits earned at the Host Institution for credit toward a Stephens degree, subject to satisfactory completion of those credits.
2. Stephens is the parent institution for all federal financial aid matters and will confer a degree upon successful completion of the student's program. Stephens will serve as a transfer agent for all Federal Student Aid funds and will refund/return Federal Student Aid funds as necessary based on changes in enrollment status.
3. Eligible financial aid will be disbursed directly to the student's account at Stephens according to cash management regulations. The federal aid proceeds will then be forwarded to the Host Institution.

The individual authorized to sign below on behalf of the Host Institution does hereby agree to the following:

1. The Host Institution agrees NOT to provide federal financial aid for the guest student from Stephens.
2. The Host Institution will verify enrollment status and notify Stephens of any changes in enrollment status.
3. The Host Institution confirms the following:

### Cost of Attendance

Program Fee (tuition) \_\_\_\_\_

Room (accommodation) \_\_\_\_\_

Board (meals) \_\_\_\_\_

Books/Supplies \_\_\_\_\_

Transportation \_\_\_\_\_

Other (specify) \_\_\_\_\_

**Total:** \_\_\_\_\_

### Enrollment Status

\_\_\_\_\_ Full time Half-time \_\_\_\_\_ Less than half time \_\_\_\_\_

Academic Calendar: \_\_\_ Semester \_\_\_ Quarter

Program enrollment dates:

from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Institutional Aid: \$\_\_\_\_\_

**THIS FORM MUST BE ON FILE WITH FINANCIAL AID AT STEPHENS COLLEGE BEFORE ANY AID CAN BE FINALIZED OR LOAN APPLICATIONS COMPLETED.**

### SIGNATURES AND CONTACT INFORMATION:

On behalf of Stephens:

\_\_\_\_\_

Signature/Print Financial Aid Officer/Date

1200 E Broadway, Campus Box 2124

P: 573-876-7106 F:573-876-2320

Email: [ghutchinson@stephens.edu](mailto:ghutchinson@stephens.edu)

On behalf of Host Institution:

\_\_\_\_\_

Signature/Print Financial Aid Officer/Date

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_