



# Consortium Agreement

Financial Aid Office  
 Phone: (208) 524-3000  
 Toll Free: 1-800-662-0261  
 Fax: (208) 525-7026  
[financial.aid@cei.edu](mailto:financial.aid@cei.edu)  
 1600 S. 25<sup>th</sup> E. Idaho Falls, Idaho 83404

First Name	Last name	CEI Student ID	Last 4 Digits SSN
			XXX-XX-
Address: Street	City	State	Zip
			Phone

A Consortium Agreement is an agreement between the student, the degree-granting institution and the visiting institution to allow the financial aid office at the degree granting institution to consider the credits at the visiting institution when processing financial aid. In order to receive financial aid from the College of Eastern Idaho under this Consortium Agreement, you are required to complete this form and return it to the Financial Aid Office, College of Eastern Idaho, 1600 S. 25<sup>th</sup> E., Idaho Falls, ID 83404, (208) 524-3000, Ext. 3389. Fax (208) 525-7026

## SECTION 1 – TO BE COMPLETED BY THE STUDENT

Degree/Certificate Objective: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Name of VISITING Institution: \_\_\_\_\_

Student ID at VISITING Institution: \_\_\_\_\_

Enrollment Period: (mark only one)      FALL 20 \_\_\_\_\_      SPRING 20 \_\_\_\_\_      SUMMER 20 \_\_\_\_\_

### List the course(s) to be taken at the VISITING Institution.

Course Number	Course Title	Credits	Completed by CEI Registrar		
<i>Example: ENG 101</i>	<i>Example: English Composition</i>	<i>Example: 3</i>	<i>Approved by Registrar</i>		
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	

**\*Attach a copy of your Registration/Class Schedule Statement confirming enrollment**

## STUDENT CERTIFICATION: Please Sign and Date

- I agree to complete the financial aid application process at my HOME institution including submitting ALL other documentation and other information requested BEFORE this consortium can be approved;
- I agree to allow the institutions indicated to share information about me regarding registration, transcripts, and financial aid;
- The HOME Institution will accept credits taken at the VISITING Institution for academic/technical undergraduate course work applicable to a degree/certificate granted by the HOME Institution.
- A VISITING student enrolled partially at the VISITING Institution is entitled to evaluation and receipt for all Title IV student financial assistance from the HOME Institution in accordance with the practices and policies of the HOME Institution.
  - I agree to be enrolled in at least three (3) credits at the HOME institution to be eligible to participate in this consortium.
- The HOME Institution agrees to determine eligibility for and disburse student financial aid funds to VISITING students. A student is eligible to receive Title IV financial assistance only from the HOME Institution.
- Remedial courses taken at the VISITING institution cannot be included in a consortium agreement;
- I agree to IMMEDIATELY inform the financial aid office at the HOME institution of ANY change in enrollment at my VISITING institution, as my eligibility for federal financial aid may be impacted and I may owe a repayment of previously disbursed financial aid; If I drop all my classes or completely withdraw, I understand that I may be required to repay financial aid balances to both the HOME and VISITING institutions;
- I am asking the HOME institution to pay federal financial aid to me for courses that I agree to complete at both the HOME and VISITING institution(s);
- Financial aid will be disbursed to my student account at the HOME institution. It is my responsibility to pay any remaining charges at the HOME institution AND to make tuition and fee payment (by the due date) at the VISITING institution;

- I am required to notify the HOME institution of any other sources of financial assistance (scholarships, tuition waivers, etc.) I am receiving from the VISITING institution;
- I understand the satisfactory academic progress standards at my HOME institution will be used when determining my initial and continued eligibility for federal financial aid;
- I agree to provide the HOME Institution with an Official Transcript of my grades from the VISITING Institution immediately following the end of the enrollment period indicated above.
- I understand that the HOME Institution and the VISITING Institution have different deadlines, policies and procedures and it is my responsibility to meet those deadlines and abide by the each institutions respective policies and procedures.
- I understand that this Consortium Agreement will terminate upon the conclusion of the enrollment period and that I will need to negotiate a new Consortium Agreement for each period of attendance at the VISITING Institution.
- I understand that this Consortium Agreement must be completed and submitted by the last day to add or drop classes.

\_\_\_\_\_  
 Student Signature **WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.** \_\_\_\_\_ Date

**SECTION 2 – TO BE COMPLETED BY THE VISITING INSTITUTION**

The student submitting this form to you is requesting financial aid at College of Eastern Idaho under a Consortium Agreement with your institution. Please provide the information requested below. A completed copy of this form will be mailed or faxed to you.

Is the above named student receiving Title IV financial assistance through your institution for the enrollment period listed in Section 1? YES  NO

Is the student currently registered for the classes listed in Section 1? YES  NO

These classes begin on \_\_\_\_\_ and end on \_\_\_\_\_.  
 MM/DD/YYYY MM/DD/YYYY

The total cost for these classes is \$\_\_\_\_\_

*I certify that the information provided above is accurate. I agree to notify the Financial Aid Office at College of Eastern Idaho if this student withdraws from any of these classes.*

\_\_\_\_\_  
 Signature Financial Aid Representative VISITING Institution \_\_\_\_\_ Date

\_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone Number

**SECTION 3-TO BE COMPLETED BY THE REGISTRAR'S OFFICE AT COLLEGE OF EASTERN IDAHO**

The courses listed in section 1, taken at the VISITING institution, will be accepted toward the degree certificate stated by this student in Section 1.

\_\_\_\_\_  
 Signature Authorized Representative \_\_\_\_\_ Title \_\_\_\_\_ Date

**SECTION 4- TO BE COMPLETED BY THE OFFICE OF FINANCIAL AID, COLLEGE OF EASTERN IDAHO**

College of Eastern Idaho agrees to pay Title IV assistance based on the information provided in this Consortium Agreement.

\_\_\_\_\_  
 Signature Financial Aid Representative, College of Eastern Idaho \_\_\_\_\_ Date

*\*Official documentation of enrollment and fee payment at the VISITING institution is required prior to disbursement of funds by the HOME Institution.*