

Financial Aid Office 25 University Avenue West Chester University West Chester, Pennsylvania 19383-2430

Phone: 610-436-2627 Fax: 610-436-2574 e-mail: finaid@wcupa.edu

CONSORTIUM AGREEMENT

Student Name: _____

Student SSN:

Host Institution:

This document serves as an agreement between West Chester University (WCU) (the degree-granting school) and the Host Institution.

Host Institution agrees:

- 1. To send WCU actual tuition, fees, room, and board charges incurred by the student.
- 2. To verify the student's enrollment status for each payment period and to notify WCU promptly in writing if the student withdraws either partially or completely.
- 3. Not to disburse state grant or Title IV aid for the consortium student.

West Chester University agrees:

- 1. To secure from the student written documentation from the Registrar's Office that credits from the Host Institution will transfer to WCU.
- 2. To process and disburse state grant and Title IV aid.

The student agrees:

- 1. To obtain written approval from the WCU Registrar's Office for credits from the Host Institution to transfer to WCU.
- 2. To register at the Host Institution and pay all charges incurred at the Host Institution as well as abide by all academic and administrative regulations at the Host Institution.
- 3. To request an official transcript be forwarded to WCU immediately following the conclusion of the term covered by this consortium agreement.

Student's Signature	Da	/		
or the Host Institution:		For West Chester Univ	For West Chester University:	
Print Name of FAO Official		Print Name of FAO Official		
Signature		Signature		
Title of FAO Official	// Date	Title of FAO Official	/// Date	



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CONSORTIUM AGREEMENT STUDENT DATA SHEET

Student:	SSN:	
Host Institution:		-
Enrollment: Fall From://	To://	# Credits:
Spring From://	To://	# Credits:
Summer From://	To://	# Credits:
Costs at Host Institution	For WCU Only	
Tuition & Fees:		
Room & Board:		
Personal & Misc:		
Transportation:		
Housing Status at Host Institution		
Dormitory Off-Campus		
Commuting From Home		

For the Host Institution

___/___/____ Date