



# CONSORTIUM AGREEMENT

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

**Contact Information**  
P: 610-436-2627  
E: [finaid@wcupa.edu](mailto:finaid@wcupa.edu)  
[www.wcupa.edu/finaid](http://www.wcupa.edu/finaid)

Student Name: \_\_\_\_\_ WCU ID#: \_\_\_\_\_

Requested Term/ Year \_\_\_\_\_/\_\_\_\_\_ Host Institution: \_\_\_\_\_

## Student Instructions:

Complete **Section 1**, submit to the Host Institution's Financial Aid Office or Study Abroad Coordinator to complete **Section 3**. Once the host institution completes **Section 3**, it is the student's responsibility to ensure the completed form is returned to the WCU Financial Aid Office.

**Study Abroad:** Students participating in a West Chester Faculty-Led Study Abroad Program do NOT need to complete this form as charges will be assessed on your WCU account. However, it is required for all other Study Abroad Programs, including those through West Chester University's affiliated partners.

## Section 1: To be completed by the Student

By **initialing** this section, the student agrees:

- To obtain an approved Transfer Credit Permission Form from the WCU Registrar's Office for credits from the Host Institution to transfer to WCU. Aid will not be disbursed until the Transfer Credit Permission Form is approved by the Registrar's Office.  
**Click Here for: [Transfer Credit Permission Form](#)**
- If a student is eligible for a Federal Pell Grant, credits from a Host institution will only be considered if this completed form is received by West Chester University's Financial Aid office before the add/drop deadline for each term. To review deadlines please see the Academic Calendar at <https://wcupa.edu/registrar>
- To register at the Host Institution and pay all charges incurred at the Host Institution and abide by all academic and administrative regulations at the Host Institution.
- Request an official transcript be submitted to WCU Registrar at the end of the term by the following deadlines: Fall: January 15<sup>th</sup>, Spring: June 15<sup>th</sup>, and Summer: September 15<sup>th</sup>.
- **Acknowledgement:** Failure to submit an official transcript in a timely manner, even if no credits were earned, may delay or cause the cancelation of future financial aid.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Section 2: West Chester University

Verifies that all requirements have been completed including receipt of Transfer Credit Permission form and will authorize and disburse state and Title IV federal financial aid.

Print Name of FAO Official: \_\_\_\_\_

Signature of FAO Official: \_\_\_\_\_

Date of Approval: \_\_\_\_\_



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## **Section 3: To be completed by the Host Institution**

The Host Institution agrees to:

- \_\_\_\_\_ Verify the student's enrollment status for each payment period.
- \_\_\_\_\_ Not disburse state grant or Title IV aid for the student during the associated term.
- \_\_\_\_\_ Notify WCU promptly in writing if the student withdraws (either partially or completely).

### **Please provide Year, Dates, and number of credits:**

**Please select a term:** Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Total Credits:** \_\_\_\_\_ of which \_\_\_\_\_ are Distance Education.

If distance education credits are left **blank**, it will be assumed that all credits are distance education per PHEAA guidelines.

### **WCU Enrollment Definitions:**

Enrollment Status Combined at both Institutions:

\*Less Than Half-time (fewer than 6 credits)

Half-time (6-8 credits)

Three-quarter Time (9-11 credits)

Full-time (12-18 credits)

\*Please note that students enrolled less than half-time will only receive a Pell Grant if eligible. Students are required to be enrolled **half-time or greater** for federal Direct Loans, including the PLUS Loan.

## **Total Charges for Payment Period at Host Institution**

Tuition & Fees: \_\_\_\_\_

Housing: \_\_\_\_\_

Other Direct Charges: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Host Institution: \_\_\_\_\_

Print Name of Host Institution Official: \_\_\_\_\_

Signature of Host Institution Official: \_\_\_\_\_

Date of Approval: \_\_\_\_\_