



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

www.wcupa.edu/finaid

Student Name: _____ WCU ID#: _____

Student SSN: _____ Host Institution: _____

Instructions: Complete Section 1 by checking each box to agree to the terms, sign and submit to the Host Institution's Financial Aid Office. The Host Institution will complete and return it to the WCU Financial Aid office for final processing.

Section 1: To be completed by the Student

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 disburse until Transfer Credit Permission Form is approved by the Registrar's Office.**
[Transfer Credit Permission Form](#)
- ☐ To submit the Consortium Agreement to the Host Institution before the start of each semester. This will allow time for the Host Institution to process the agreement. If a **Federal Pell Grant** eligible student's consortium is received after the drop/add period is over, those students may only be eligible for the **Federal Pell Grant** based on the number of credits taken at WCU.
- ☐ 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.
- ☐ To request an official transcript be forwarded to WCU immediately following the conclusion of the term covered by this consortium agreement. **Failure to submit an official transcript in a timely manner may delay or cause the cancelation of future financial aid.**

Student's Signature: _____

Date: _____

Section 2: To be completed by West Chester University

West Chester University agrees:

- ☐ To verify that the student has an approved Transfer Credit Permission Form on file with the Registrar's office. Federal Aid will not disburse until all forms are approved.
- ☐ To process and disburse state grant and Title IV aid.

For the Host Institution:

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



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
www.wcupa.edu/finaid

Student Name: _____ WCU ID#: _____

Section 3: To be completed by the Host Institution

Host Institution agrees:

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

Enrollment: Fall _____ From: ____/____/____ To: ____/____/____ # Credits: _____

Spring _____ From: ____/____/____ To: ____/____/____ # Credits: _____

Summer _____ From: ____/____/____ To: ____/____/____ # Credits: _____

Please specify how many credits will be Distance Education Courses: _____

Costs at Host Institution

Tuition & Fees: _____

Room & Board: _____

Personal & Misc: _____

Transportation: _____

For WCU Only

***Host Institution: Please notify WCU if Student withdraws either partially or completely.**

Housing Status at Host Institution

Dormitory _____ Off-Campus _____

Commuting From Home _____

For the Host Institution

____/____/____
Date