

How do I use a Consortium Agreement?

If you are taking classes from more than one institution, you might be able to receive financial aid for all of your classes by using this consortium agreement. If you are a degree seeking student at Idaho State University (ISU) and you want classes you are taking at another institution to be considered as part of your enrolled credits to determine financial aid for the semester, please complete this form and return it to the Office of Financial Aid, Idaho State University, 921 S 8th Ave, Stop 8077, Pocatello, Idaho 83209-8077, (208) 282-2756, FAX: (208) 282-4755. University of Idaho** students attending University Place in Idaho Falls should return this to the Student Services Office, Bennion Student Union Building, Idaho Falls. (208) 282-7800, FAX (208) 282-7726.

What exactly is a Consortium Agreement?

A **consortium agreement** is an agreement between the student, the degree granting institution (ISU/UI) and the visiting institution to allow the financial aid office at the degree granting institution (ISU/UI) to consider the credits at the visiting institution when processing financial aid.

The **parent Institution** is the degree granting institution, ISU. ISU will act as the degree granting institution for UI students attending University Place in Idaho Falls.

The **visiting Institution** offers course work to degree seeking students of the parent institution.

The **student** is defined as a degree seeking student admitted at the parent institution but taking course work at the visiting institution under this agreement.

How does a Consortium Agreement work?

The parent institution will accept credits taken at the visiting institution for course work applicable to a degree granted by Idaho State University or the University of Idaho for students attending University Place in Idaho Falls. A student enrolled either partially or wholly at the visiting institution is entitled to evaluation and receipt of all Title IV student financial assistance from Idaho State University. Idaho State University agrees to determine eligibility for and disburse student financial aid funds to the student. **The student is then responsible for paying all fees to the visiting institution and to Idaho State University.**

If the student will be enrolled full time (12 or more credits) at ISU/UI, there is no need to complete a Consortium Agreement. There is no additional financial aid eligibility and the student does not need to do a consortium agreement to transfer credits. A student is eligible to receive Title IV financial assistance only from Idaho State University.

Instructions

- Complete Section I of the Consortium Agreement form.
- Have the Financial Aid Office at the Visiting Institution complete Section II.
- Return the completed Consortium Agreement form to Idaho State University, Office of Financial Aid, 921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077 or FAX to (208)282-4755 OR if you are a University of Idaho Student at University Place, return the form to the Student Services Office, Bennion Student Union Building, Idaho Falls, FAX (208)282-7726.
- Inform the Office of Financial Aid if you withdraw, drop, or cancel a consortium class.
- Provide a *final official transcript* to the ISU/UI Office of Admissions at the conclusion of the semester. ISU Office of Admissions, 921 S 8th Ave., Stop 8270, Pocatello, ID 83209, FAX (208) 282-4511.

**** Reference to the University of Idaho pertains solely to students attending University Place in Idaho Falls.**

**FORM CA - IDAHO STATE UNIVERSITY
CONSORTIUM AGREEMENT**

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A Consortium Agreement is an agreement between the student, the degree granting institution (ISU/UI) and the visiting institution to allow the financial aid office at the degree granting institution (ISU/UI) to consider the credits at the visiting institution when processing financial aid.

**Office of Financial Aid, Idaho State University, Museum Building, Room 337
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077
Phone: (208)282-2756 Fax: (208)282-4755**

University Place, BSUB, Idaho Falls Phone: (208)282-7704 Fax: (208)282-7726

Student Name: _____
(Use blue or black ink) Last First M.I.

ISU ID (Bengal Card #): _____ Social Security #: _____

Address: _____
Street City St Zip

Telephone: _____ Email: _____

ISU CONSORTIUM AGREEMENT

Section I. To be completed by the **ISU student** OR **U of I student attending University Place in Idaho Falls**

Major Field of Study: _____ Degree Objective: _____ Grad Date: _____

Name of Visiting Institution: _____

Address of Visiting Institution: _____
Street City St Zip

Enrollment Period / Semester: (Mark only one) Fall 20____ Spring 20____ Summer 20____

List the course(s) to be taken at the visiting institution.

List the course(s) to be taken at ISU.

Dept / Course	Course Title	Credits	Dept / Course	Course Title	Credits

Student Certification: I understand that by signing this agreement, I am asking the parent institution to pay Title IV financial assistance to me for classes that I agree to complete at ISU/UI and/or the visiting institution. I realize I am responsible for paying all fees to the visiting institution. I understand it is my responsibility to provide a *final official transcript* to the ISU Office of Admissions, 921 S. 8th Ave., Stop 8270, Pocatello, ID 83209, FAX (208) 282-4511, at the end of each enrollment period, and to inform the ISU Office of Financial Aid if I withdraw, drop or cancel a consortium class. I understand that this consortium agreement will terminate immediately following the conclusion of the enrollment period indicated above and that I will need to complete a new consortium agreement for each period of attendance at the visiting institution. To the best of my knowledge all of the information provided on this form is true and complete.

Student Signature: _____ Date: _____

ISU CONSORTIUM AGREEMENT

Name: _____ SSN: _____ ISU ID: _____

Section II. To be completed by the visiting institution financial aid office.

The student submitting this form to you is requesting financial aid at Idaho State University under a consortium agreement with your institution. Please provide the information requested below. A completed copy of this form will be mailed to you.

Is the above named student receiving Title IV financial assistance through your institution for the enrollment period listed in Section I? Yes _____ No _____

Is the student currently registered for the classes listed in Section I? 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 Office of Financial Aid at Idaho State University if this student withdraws from any of these classes.

Financial Aid Office Representative

Date

Section III. To be completed by the Office of Admissions or appropriate department at Idaho State University or University of Idaho, University Place, Idaho Falls or Department Representative.

The courses listed in Section I which will be taken at the visiting institution will be accepted toward the degree stated by this student in Section I.

Idaho State University or
ISU/UI Departmental Representative

Date

Section IV. To be completed by the Office of Financial Aid, Idaho State University, Pocatello or University Place, Idaho Falls.

Idaho State University agrees to pay Title IV assistance based on the information provided in this consortium agreement.

Financial Aid Representative, Idaho State University

Date