

# ISU CONSORTIUM AGREEMENT

## What is a Consortium Agreement?

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

- The home institution is the degree-granting institution (ISU).
- The visiting institution offers course work to degree-seeking students of the home institution.
- The student is defined as a degree-seeking student admitted and enrolled in at least one credit at the home institution (ISU) but taking course work at the visiting institution under this agreement.

A student enrolled 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.

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## IMPORTANT NOTES:

If the student will be enrolled full-time (12+ for undergraduates, 9+ for graduates) at ISU, there is no benefit to completing a Consortium Agreement.

The student is eligible to receive Title IV financial assistance only from the degree-granting institution (ISU).

**DEADLINE TO SUBMIT COMPLETED CONSORTIUM:** Census Day each semester (10<sup>th</sup> day in Fall and Spring/5th Day in Summer).

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## Step by Step Instructions:

- Student must complete **Section I** of the Consortium Agreement form listing **both** Visiting credits and ISU credits for the complete total of credits for the semester.
- ISU department advisor needs to sign that the credits are needed for your degree.
- Submit form to the Financial Aid Office at the Visiting Institution to complete **Section II**.
- The Visiting Institution will *usually* return the completed Consortium Agreement form to Idaho State University Financial Aid Office, 921 S 8th Ave Stop 8077, Pocatello, ID 83209-8077, OR FAX the form to (208) 282-4755, OR scan/upload the form to <https://www.isu.edu/financialaid/upload/>.
- The Consortium Agreement is not complete until you provide a final official transcript to the ISU Office of Registrar at the conclusion of the semester.** Mail the transcript to the ISU Office of Registrar, 921 S 8th Ave, Stop 8196, Pocatello, ID 83209-8196 or FAX it to (208)282-4231 (FAX option is only available if the other institution is located in Idaho) or email it to [tceinfo@isu.edu](mailto:tceinfo@isu.edu). *If pre-ordering transcripts be sure to indicate you want to wait for grades to post before it is sent.*

**IMPORTANT:** Inform the ISU Financial Aid Office if you change, withdraw, drop or cancel a consortium class by submitting a revised version of this Consortium Agreement document.

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

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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. Please return completed forms to:

**Office of Financial Aid, Idaho State University, Museum Building, Third Floor  
921 S 8<sup>th</sup> Ave, Stop 8077, Pocatello, ID 83209-8077  
Phone: (208)282-2756 Fax: (208)282-4755 Email: [financialaid@isu.edu](mailto:financialaid@isu.edu)  
Scan and Upload: [isu.edu/financialaid/upload](http://isu.edu/financialaid/upload)**

\*Student Name: \_\_\_\_\_  
(Use blue or black ink) Last First M.I.

\*ISU ID: \_\_\_\_\_ \*Last 4 Digits of Social Security #: \_\_\_\_\_  
(Find under Academic Tools tab on [BengalWeb](http://BengalWeb))

Address: \_\_\_\_\_  
\*Required Street City St Zip

**Section I. To be completed by ISU Student (NOTE: all blanks must be filled in. Please sign & date.)**

Major Field of Study: \_\_\_\_\_ Degree Objective: \_\_\_\_\_ Grad Date: \_\_\_\_\_

Name of Visiting Institution: \_\_\_\_\_

Address of Visiting Institution: \_\_\_\_\_  
Street City St Zip

Enrollment Period / Semester: (Check only one) Fall 2023 \_\_\_\_\_ Spring 2024 \_\_\_\_\_ Summer 2024 \_\_\_\_\_

**VISITING INSTITUTION courses:**

**IDAHO STATE UNIVERSITY courses: (at least 1 credit)**

Dept / Course	Course Title	Credits	Dept / Course	Course Title	Credits
Example: ENG 1101	Example: English Composition	Example: 3			

**ISU Academic Advisor Certification:** Courses listed above taken at the visiting institution will satisfy requirements for the student's degree/major plan at Idaho State University.

ISU Advisor Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address \_\_\_\_\_

**Student Certification:** I understand that by signing this agreement, I am asking the home institution to pay Title IV financial assistance to me for classes that I agree to complete at the visiting institution. I understand 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 Registrar** (see instruction page) at the end of each enrollment period and **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. The person signing below certifies that all of the information reported is complete and correct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

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Student Name: \_\_\_\_\_ Visiting Institution ID: \_\_\_\_\_ ISU ID: \_\_\_\_\_

(NOTE: All information including signatures and dates on this page are required!)

## 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.

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:

\_\_\_\_\_  
Signature Print Name Date  
\_\_\_\_\_  
Telephone Email Address

## Section III. To be completed by the Office of Registrar at Idaho State University.

The courses listed in Section I which will be taken at the visiting institution **may** be accepted as transfer credit at Idaho State University (note: may require petition).

\_\_\_\_\_  
Signature - Idaho State University Registrar Representative Date

## Section IV. To be completed by the Office of Financial Aid, Idaho State University.

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

\_\_\_\_\_  
Signature - Financial Aid Representative, Idaho State University Date