



The Consortium Agreement allows a student to receive financial aid at Concordia University, St. Paul (Home School) for coursework taken at another regionally accredited higher education institution (Host School).

**STUDENT INFORMATION**

Last Name	First Name	Middle I.	CSP Student ID: L00	
Permanent Address	City	State	Zip Code	Phone Number
Term you are beginning (check one):	<input type="checkbox"/> Fall Year: _____		<input type="checkbox"/> Spring Year: _____	
			<input type="checkbox"/> Summer Year: _____	

**Certification:** By signing below, I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information this form may result in reduction or repayment of aid.

Student's Signature \_\_\_\_\_ Date form signed \_\_\_\_\_

**SUBMISSION DEADLINE: DUE on/before the last day to drop courses for the term you are using consortium. A new form is required for each term a student uses consortium.**

**INSTRUCTIONS:**

First, complete the **Student Information and Signature** (above), next complete the courses of study at the host institution (section A) with your advisor/enrollment counselor. Return this form, along with an invoice of charges from your host institution to [finaid@csp.edu](mailto:finaid@csp.edu).

**To be eligible for consortium a student must:**

Be accepted and actively enrolled in an undergraduate degree, certificate or other credential program at CSP (**minimum 6 credits** are required to be considered for a Consortium Agreement) at the time of submitting this form. Maintain Satisfactory Academic Progress [SAP] at both host school and CSP. Notify CSP's [Financial Aid Office](#) & Registrar within 2 days of any academic course changes per the agreement i.e. drop, add or withdrawing.

**SECTION A: COURSE OF STUDY AT HOST INSTITUTION – COURSE EQUIVALENCY COMPLETED BY ACADEMIC ADVISOR (ATTACH ADDITIONAL PAGES IF NECESSARY) The coursework must be applicable to a student's enrolled program of study at CSP.**

Course Prefix & Number	Course Title	Credit Hours	Course Equivalency – Advisor Complete
1.			
2.			
3.			
4.			

**ACADEMIC ADVISOR CERTIFICATION (COMPLETED BY YOUR CSP ACADEMIC ADVISOR)**

**Certification:** I have reviewed the course(s) of study listed and confirmed that the HOST institution courses are required, acceptable for transfer, will be applied toward the student's program (pending grading requirements for transfer) and all other university requirements have been satisfied.

CSP Academic Advisor Full Name	Student Major Program of Study	Phone Number
CSP Academic Advisor Signature		Date

**SECTION B: HOST INSTITUTION CERTIFICATION (COMPLETED BY THE HOST INSTITUTION'S FINANCIAL AID OFFICE STUDENTS DO NOT COMPLETE)**

**Certification:** I have reviewed the course of study of the student listed in Section B above and confirmed enrollment at the institution mentioned above. As the host institution, *we will not process this student for financial assistance*, all records will be kept at Concordia University and we agree to share information about this student's enrollment as requested by the CSP Financial Aid office under Title IV.

Number of Enrolled Credits	Tuition & Fees \$	Semester & Academic Year	Name of Institution (city & state)
Financial Aid Office Staff's Full Name		Email Address	Direct Office Phone Number
Financial Aid Office Staff's Signature			Date