VILLANOVA UNIVERSITY
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Consortium Agreement

Please Return To:
Office of Financial Assistance Dropbox
https://www.villanova.edu/university/office-of-financial-assistance/contact-us/dropbox-and-important-forms.html

Student's Name: _____ **Villanova University Student ID Number:** _____
(8 Digit Number)

The Consortium Agreement is a contract between the student, Villanova University (the home institution), and the host institution (the other institution the student will be attending). Please note only courses approved by your faculty advisor or academic dean will be taken into consideration.

Section I. To Be Completed by the Villanova University Faculty Advisor or Academic Dean:

Will the student be taking courses at Villanova University during the time the student will be enrolled at the Host Institution? ☐ Yes Number of Credits: _____ ☐ No

Indicate the semester, (term and year) the student will be enrolled at the Host Institution: _____

List the number of credits the student will be taking at the Host Institution: _____

By signing this agreement, I give permission to the student named above to enroll in courses at the Host Institution and certify that the credits earned will be transferred and applied towards the student's degree requirements at Villanova University.

_____ _____
Name of Faculty Advisor/Academic Dean Date Phone and Fax Number

_____ _____
Signature of Faculty Advisor/Academic Dean Date Email Address

Section II. To Be Completed by the Host Institution:

Name of Host Institution: _____

_____
Street Address City State ZIP Code

Program Costs:

Tuition & Fees	Housing & Food	Books & Supplies	Transportation	Miscellaneous	Total

Enrollment:

Enrollment Period Start Date	Enrollment Period End Date	Total Credits	Online Y/N

By signing this agreement, I agree to notify Villanova University in writing if the students fails to register, changes enrollment status, or withdraws from his/her courses. I also agree to not process or disburse any federal or state funding to the student.

_____ _____
Printed Name and Title of School Official Signature of School Official Date

_____
Phone Number and Email Address

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Villanova University

Student's Name: _____ **Student ID Number:** _____
(8 Digit Number)

Section III. To Be Completed By the Student

Terms and Conditions of this Consortium Agreement:
By signing this form, you agree to and understand the following:

- I am only able to enroll for courses at the Host Institution that have been approved by my Villanova University faculty advisor/academic dean.
- I may only apply for need-based financial aid at Villanova University and NOT the Host Institution.
- Villanova University will calculate my federal and state aid eligibility for the courses I will be enrolled in at the Host Institution.
- Federal and state aid will be disbursed according to Villanova University's academic calendar.
- Financial aid that is awarded will be disbursed to my Villanova University student account and be applied towards any outstanding balance. It is my responsibility to request a refund from the Bursar's Office and pay the balance due at the Host Institution.
- I authorize my Host Institution to release any enrollment, academic, tuition/billing information to Villanova University for the period specified in this agreement.
- I must maintain Villanova University's Satisfactory Academic Progress Requirements.
- I must notify the Office of Financial Assistance at Villanova University if my enrollment status changes while enrolled at the Host Institution.
- It is my responsibility to have the appropriate people complete the Consortium Agreement.
- It is my responsibility to submit the completed Consortium Agreement to the Office of Financial Assistance at Villanova University no later than 2 weeks before the semester begins.
- I must complete any outstanding financial aid requirements for Villanova University in order for the Consortium Agreement to be processed.
- I must request official transcripts from the Host Institution and submit the transcripts to Villanova University following the completion of the semester.
- I understand that if I will be enrolled at Villanova University the following academic year that it is my responsibility to complete the financial aid process by the deadline date as noted on the Office of Financial Assistance website.

_____ (NO DIGITAL SIGNATURES) _____
Student's Signature Date