


Name of Host Institution: _____

Student Name & CCSU ID: _____

I understand that by entering into a consortium agreement, at CCSU, I must:

1. Have a valid FAFSA on file
2. Be matriculated, enrolled in a minimum of 6 credit hours, and making Satisfactory Academic Progress (SAP) – policy available at www.ccsu.edu/financialaid
3. Complete a **Transfer Credit Approval Request Form** (available at CCSU Registrar's Office DiLoretto 202)
 - Provide completed copy to the CCSU Financial Aid Office
4. Notify CCSU Financial Aid Office should enrollment change at the HOST institution
5. Have the HOST institution send official transcripts to the CCSU Registrar's Office at the end of the semester
6. NOT receive financial aid at the HOST institution
7. Make payment arrangements with the HOST institution. I understand when financial aid is disbursed at CCSU, the Bursar's Office will refund any excess funds to me. There is no guarantee that entering into a consortium agreement will result in excess funds.

By signing below, I authorize the host institution to release to CCSU information pertaining to this consortium agreement.
Student Signature: _____

Date: _____

TO BE COMPLETED BY THE HOST INSTITUTION:
Enrollment Period: Fall Spring

Number of Registered Credits: _____

Cost of Attendance	
Tuition & Fees	\$
Books & Supplies	\$

The individuals authorized to sign below do hereby agree to the following:

1. CCSU considers the above-named student to be matriculated and approved to take classes at another institution. CCSU will be responsible for monitoring their financial aid eligibility.
2. The HOST institution will verify enrollment status and notify CCSU's Financial Aid Office should the student withdraw from any classes.

For the HOST Institution
For CCSU

 Signature | Financial Aid

 Signature | Financial Aid

 Print Name

 Print Name

 Date

 Date