



Name: _____

ID #: _____

Simpson University Consortium Agreement Form

PURPOSE

This form is used to determine if a student may receive additional aid based on simultaneous attendance at a secondary institution. Complete sections 1 and 2 of this form and then return it to the Registrar’s office at Simpson University. Simpson University will accept academic credits taken at the secondary institution for academic undergraduate coursework applicable to the student’s degree program at Simpson University.

Simpson University will not process consortiums for self-paced courses.

A student enrolled at least half time at Simpson University can be considered for consortium when enrolled concurrently, in non-self-paced courses, at the secondary institution. When under a consortium agreement, in accordance with the practices and policies of Simpson University, Simpson agrees to determine eligibility for and disburse student financial aid funds to students. A student is eligible to receive federal and/or state financial assistance for enrollment only from Simpson University. Institutional financial aid a student will receive is determined solely by the number of units a student is enrolled in at Simpson University.

Forms must be submitted and processed before the end of the Simpson University semester of enrollment for which the consortium agreement is being requested.

INCOMPLETE FORMS WILL BE RETURNED UNPROCESSED.

Section I: TO BE COMPLETED BY STUDENT

Social Security #

Simpson ID#

Cell Phone #

Permanent Address (Include Apartment #)

Expected Date of Graduation

Semester and Year of Enrollment

Name of Secondary Institution:

Will you be enrolled at least half-time at Simpson University for the semester of enrollment?
 Yes No – **You are not eligible for a consortium, do not complete this form.**

List the Courses to be taken at the secondary Institution:

Name:	Title:	Number of Units:

- Please include the following along with this application:**
- Proof of registration from secondary institution after the add/drop period is completed for above listed classes.
 - Detailed breakdown of semester charges and payment in full from secondary institution for above listed classes.

Student Certification: By signing this agreement I am asking Simpson University to provide federal and/or state financial assistance for classes completed at a secondary institution. I understand that consortium agreement will terminate immediately following the enrollment period indicated above. A new consortium agreement is required for each enrollment period.

I verify that the information on this form is true and complete:

Student

Date

THE OTHER SIDE OF THIS FORM IS TO BE COMPLETED BY THE SECONDARY INSTITUTION AND SIMPSON UNIVERSITY.

Section 2: TO BE COMPLETED BY THE SECONDARY INSTITUTION.

The student submitting this form is requesting financial aid at Simpson University under a consortium agreement with your institution.

•Is the above named student receiving federal and/or state financial assistance through your institution for the enrollment period listed in Section 1? Yes No

•Is the student currently registered for the classes listed in Section 1? Yes No

•These classes begin on _____ and end on _____.

•The **total cost** of tuition and mandatory fees for these classes \$ _____

•Is the student receiving a tuition waiver (i.e. BOGG Waiver) for the classes listed in section 1?
Yes No

I certify that the above information is accurate.

Authorized Representative Signature, Secondary Institution

Date

Section 3: TO BE COMPLETED BY REGISTRAR OFFICE, SIMPSON UNIVERSITY

Sections 1 and 2 must be completed before the necessary signature from the Registrar Office can be obtained.

The Courses listed in Section 1, which will be taken at the secondary institution, will be accepted toward the degree stated by this student in section 1.

Authorized Representative Signature, Registrar Office

Date

Consortium Courses Placed on Student Record _____ Initials

Section 4: TO BE COMPLETED BY STUDENT FINANCIAL SERVICES, SIMPSON UNIVERSITY

Section 1 through 3 must be completed before Student Financial Services will sign this form and complete the consortium process.

Simpson University Agrees to pay federal and/or state financial assistance based on the information provided in this consortium agreement.

Authorized Representative Signature, Student Financial Services

Date

Student Financial Services Office Use Only:

____ Agreement Received (CRI)

____ Clearinghouse

____ Proof of Payment & Registration

____ Student Communication (C/NC)

____ SAP (CRI)