Indiana University South Bend  
Office of Financial Aid and Scholarships  
1700 Mishawaka Avenue  
Box 7111  
South Bend, IN 46634  
574-520-4357 / FAX: 574-520-5561

CONSORTIUM AGREEMENT  
Office of Financial Aid and Scholarships  
1700 Mishawaka Avenue  
Box 7111  
South Bend, IN 46634  
574-520-4357 / FAX: 574-520-5561

According to federal regulations, a Consortium Agreement must exist before a home institution can process an application for federal funds for students attending another institution. Therefore, the two institutions named below herein enter a Consortium Agreement for:

STUDENT'S NAME ___________________________ UID ___________________________

Home Institution: INDIANA UNIVERSITY SOUTH BEND  
Host Institution: IVY Tech Community College of Indiana South Bend

I agree to notify the IUSB Office of Financial Aid and Scholarships of any changes in my enrollment at the Host Institution. I understand I am responsible for paying any and all charges to the HOST institution.

Student Signature ___________________________ Date __________

TO BE COMPLETED BY STUDENT'S ACADEMIC ADVISOR

I certify that the above named student is enrolling in the remedial course(s) listed below (provide course number(s)) for a total of ___ cr hrs during the ______ semester at IVY Tech. This/These course(s) is/are required to complete the student's degree program and must be recorded on the student's IU transcript.

Academic Advisor's Signature ___________________________ Date __________

TO BE COMPLETED BY HOST INSTITUTION FINANCIAL AID OFFICER

ENROLLMENT DATA:

Term (circle one) Fall 2012  
Spring 2013  
Summer 2013  
Status Number of Enrolled Hours ________

Dates From: month / day / year  
To: ________ month / day / year

COST OF ATTENDANCE: Actual costs at Host Institution used for Stafford/FFELP:

Tuition & Fees: $ ____________  
Room & Board: $ ____________  
Books & Supplies: $ ____________

Miscellaneous: $ ____________  
Transportation: $ ____________

The Host Institution agrees NOT to provide federal aid funds to the above mentioned student for the term(s) specified.

Signature for Host Institution ___________________________ Title ___________________________

Printed Name ___________________________ Date __________

Name of Institution IVY Tech Community College of Indiana South Bend  
Phone 574-289-7001 X5307

TO BE COMPLETED BY HOST SCHOOL REGISTRAR

I agree to notify the IUSB Office of Financial Aid and Scholarships, within 10 days, if the above-mentioned student totally withdraws, drops below half-time or receives grades of FN/FNN* during the specified term of this consortium agreement. *FN - stopped attending; FNN - Never attended

Registrar's Signature ___________________________ Printed name ___________________________ Phone # ___________________________ Date __________

CERTIFICATION

IU South Bend agrees to provide payment(s) to the above mentioned student, if eligible, under the Federal Student Aid programs for the term specified above.

Signature for Indiana University South Bend (Home Institution) ___________________________ Date __________