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 2013  Spring 2014
Status           Number of Enrolled Hours _______
Dates           From: ____________ 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 ____________