



## Consortium Agreement & Host School Verification Form (For Pell Grant & Federal Loans)

The Consortium Agreement allows a student to receive financial aid at Concordia University, St. Paul (Home School) for coursework taken at another regionally accredited higher education institution (Host School). **The coursework must be applicable to a student's enrolled program of study at CSP.** This form should be complete prior to each term to receive funding.

### STUDENT INFORMATION

Last Name	First Name	Middle I.	CSP Student ID: L00
Permanent Address	City	State	Zip Code Phone Number
Term you are beginning (check one):	<input type="checkbox"/> Fall Year: _____ <input type="checkbox"/> Spring Year: _____ <input type="checkbox"/> Summer Year: _____		

### INSTRUCTIONS – Student will:

1. Complete the **Student Information** (above), the student specific areas of Section **A** and sign the bottom of Section **D**. Next, give form to your host school who must complete Section **B**. Finally send this form, along with accompanying documentation (#2 in instructions), to your CSP Academic Advisor to complete Section **C** and submit to CSP [Registrar](#).
2. Include with this form both a copy of your registration schedule from your host institution and proof of payment, deferment or pay schedule from that institution.
3. Will complete the student information and signature on the **External Verification Form** (page 2) and email or fax to CSP Registrar.
4. Be accepted and actively enrolled in a degree, certificate or other credential program at CSP at the time of submitting this form.
5. Maintain Satisfactory Academic Progress [SAP] at both host school and CSP.
6. Notify CSP's [Financial Aid Office](#) & Registrar within 2 days of any academic course changes per the agreement i.e. drop, add or withdrawing.

**SUBMISSIONS DEADLINES – You must submit this form on/before the last day to drop courses for the term you are starting according to what you indicated above. Submit completed form to your Academic Advisor.**

### SECTION A: COURSE OF STUDY AT HOST INSTITUTION – COURSE EQUIVALENCY COMPLETED BY ACADEMIC ADVISOR (ATTACH ADDITIONAL PAGES IF NECESSARY)

Course Prefix & Number - Student	Course Title - Student	Credit Hours - Student	Course Equivalency – Advisor Complete
1.			
2.			
3.			
4.			

### SECTION B: HOST INSTITUTION CERTIFICATION (COMPLETED BY HOST INSTITUTION'S FINANCIAL AID OFFICE)

**Certification:** I have reviewed the course of study of the student listed in Section B above and confirmed enrollment at the institution mentioned above. As the host institution, *we will not process this student for financial assistance*, all records will be kept at Concordia University and we agree to share information about this student's enrollment as requested by the CSP Financial Aid office under Title IV.

Number of Enrolled Credits	Tuition & Fees \$	Semester & Academic Year	Name of Institution (city & state)
Financial Aid Office Staff's Full Name		Email Address	Direct Office Phone Number
Financial Aid Office Staff's Signature			Date

### SECTION C: ACADEMIC ADVISOR CERTIFICATION (COMPLETED BY YOUR CSP ACADEMIC ADVISOR)

**Certification:** I have reviewed the course of study of the student listed above and confirmed that the other institution courses listed above are required, acceptable for transfer, will be applied toward the student's degree or certificate, if completed with a grade of "C" or better; and all other university requirements have been satisfied.

CSP Academic Advisor Full Name	Student Major Program of Study	Phone Number
CSP Academic Advisor Signature		Date

### SECTION D: CERTIFICATION AND SIGNATURE

**Certification:** By signing below, I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to program additional proof of the information provided on this form. I understand that purposely providing false or misleading information this form may result in reduction or repayment of aid.

Student's Signature \_\_\_\_\_ Date form signed \_\_\_\_\_



## Consortium Agreement & Host School Verification Form (For Pell Grant & Federal Loans)

### Consortium Agreement Host School Verification Form

As a courtesy to our consortium students, Concordia University, St. Paul will attempt to request verification of enrollment from our student's Host Institution. Verification can take several weeks to complete.

**Student:** Please complete the student information box of the form, sign and submit with consortium agreement paperwork for each semester you are planning on taking consortium classes to the CSP Registrar.

**HOST SCHOOL Registrar's Office:** The undersigned has authorized Concordia University-St. Paul the release of enrollment dates, school status, and credits registered for the current term. If you have questions, please contact 651-641-8233 or [registrar@csp.edu](mailto:registrar@csp.edu).

**Student Information (to be completed by the student):**

Last Name:	First Name:	L# (CSP ID):
Name on Record (if different from above):		
Host College/University Attending:		
Host Contact Information Email or Fax:		
Dates Attended (mm/yyyy):		Term:
School Status:	Credits Registered:	
Your record cannot be released without your physical signature below. I affirm that I am the above named learner, and hereby give written consent for the above-named institution to release my record to Concordia University-St. Paul.		
<b>Signature:</b>		<b>Date:</b>

Please return both forms (page 1&2) with your completed information and physical signature to [registrar@csp.edu](mailto:registrar@csp.edu) or fax to 651-603-6144

**Host College University Information (to be completed by the Registrar's Office of Host School):**

Host College/University Attending:		
Host Contact Information Email or Fax:		
Dates Attended (mm/yyyy):		Term:
School Status:	Credits Registered:	
I certify, to the best of my knowledge and belief, that the information that I have provided in this section is accurate.		
<b>Signature:</b>		<b>Date:</b>