BUENA VISTA UNIVERSITY

610 W. Fourth Street Storm Lake, Iowa 50588

Consortium Agreement between

Buena Vista University (home school) and _____ (host school)

Section I: To be completed by the student

Name _____

Home address _____

City _____ State _____ Zip code _____

Email address _____

BVU student ID _____ Cell Phone _____

Consortium term _____ Fall _____ Spring Year _____

Statement of Authorization

I agree to:

- Have the host school send the completed form to BVU by the end of the semester preceding my experience.
- Complete the hours indicated in Section IV of this agreement at the host institution.
- Comply with BVU's and the host school's policies regarding refunds, Satisfactory Academic Progress, and all other eligibility requirements.
- Pay applicable charges in a timely manner to both the host school and BVU, when applicable. (Please note that BVU will disburse financial aid according to the BVU disbursement schedule. If your charges are due at the host school period to financial aid being disbursed to your account at BVU, it is your responsibility to pay your host school in a timely manner.) Financial aid received from BV will/will not be directly transferred to your host school.
- Ensure that an official academic transcript from my host school is provided to the BVU Registrar's Office.
- Allow BVU and the host school to share information related to my enrollment and financial aid eligibility.

_____ _____

Student signature Date

Section II: To be completed by the student's academic advisor or other collegiate representative

(Student's name) _____ intends to enroll in the following courses at _____ (host school). These courses are the academic equivalent to the BVU courses listed. (Please list additional courses on a separate sheet, if necessary.)

Course _____ BVU equivalent _____

Course _____ BVU equivalent _____

Course _____ BVU equivalent _____

Course _____ BVU equivalent _____

Course _____ BVU equivalent _____

My signature below confirms that the courses to be taken at _____ (host school) will be accepted as partially fulfilling the requirements of (Student's name) _____ degree program at BVU.

_____ _____

Advisor/Collegiate Representative Signature Date

_____ _____

Advisor/Collegiate Representative Printed Name Email

Section III: To be completed by the BVU's Financial Aid Office

Cost of attendance for enrollment period stated above:

Tuition and fees: $_____
Room and board: $_____
Books & Supplies: $_____
Transportation allowance: $_____
Other: $_____ Please specify:_____
TOTAL $_____

My signature below affirms that I have gone over the terms of the consortium agreement with (Student Name)_____. To the best of my knowledge, the student meets the terms of this agreement.

_____ _____ _____
Signature Printed Name Date

Section IV: To be completed by the Host School's Financial Aid Office

Enrollment dates at the host school: _____ to _____

Enrollment status while at the host school: ____<1/2 time ___1/2 time ___>1/2 time ___full time

Please list below all courses the student plans to take at the host institution during the consortium term and the number of credit hours per course. (Please attach another sheet if necessary)

Course _____ Credit Hours _____ (circle: semester / quarter)

Course _____ Credit Hours _____ (circle: semester / quarter)

Course _____ Credit Hours _____ (circle: semester / quarter)

Course _____ Credit Hours _____ (circle: semester / quarter)

Course _____ Credit Hours _____ (circle: semester / quarter)

Cost of attendance for enrollment period stated above:

Tuition and fees: $_____
Room and board: $_____
Books & Supplies: $_____
Transportation allowance: $_____
Other: $_____ Please specify:_____
TOTAL $_____

Aid to be provided to the student through Host School:

Fund name: _____ Amt: $_____
Fund name: _____ Amt: $_____

As a representative of the host institution, you agree to:

- Confirm the student is in a transient/visiting status at your school taking courses that meet the Title IV requirements.
- Confirm that your institution is currently eligible to participate in the FSA programs.
- Have a consortium or contractual agreement with a foreign school if, as a host school, you are offering a study abroad program in conjunction with either an eligible or ineligible foreign school.
- Not award any federal, state, or private aid during the time the student is enrolled at your institution (note any institutional aid that will be provided above).
- Accept payment and apply it to your enrollment charges and disburse any credit balances to the student in accordance with your school's policy.
- Notify BVU immediately and supply the effective date(s) if the student withdraws or drops any hours reported in this agreement.
- Upon the student's request, facilitate the release of an official academic transcript to Buena Vista University upon completion of the consortium agreement. (Note: The student's signature in Section I of this agreement authorizes the host institution to provide an official academic transcript to BVU.) Please send the transcript to:

Buena Vista University Registrar, 610 West Fourth Street, Storm Lake, IA 50588 • fax: 712.749.1451

Signature _____ Date_____

Printed Name and Title_____ Office phone _____

Address _____

Email _____ Office Fax _____