

**CONSORTIUM  
AGREEMENT**

**BETWEEN**

Old Dominion University  
Office of Financial Aid  
Norfolk, VA 23503

and

Host Institution: \_\_\_\_\_  
Location \_\_\_\_\_  
Address \_\_\_\_\_

Student \_\_\_\_\_

UIN \_\_\_\_\_

EMPL ID \_\_\_\_\_

Academic Year \_\_\_\_\_

Term: \_\_\_\_\_

The Financial Aid Office of \_\_\_\_\_ (host institution) agrees to enter into a Consortium Agreement with the Financial Aid Office of Old Dominion University (home institution) for the student and academic period indicated above. This student has permission from the home institution to take a course (or courses) at the host institution. Said course / courses will transfer to the home institution to be applied to the student's degree, as verified on the reverse of this form.

The items of agreement are:

- ❖ Old Dominion University, as the home institution, agrees to process the student's financial aid, using the cost of attendance at the host institution; and
- ❖ \_\_\_\_\_, the host institution, agrees to not process any financial aid awards for the student for the academic period indicated above; and
- ❖ The above named student will be responsible for payment to the host institution in accordance with their guidelines and policy.

**ATTENTION:**

The above named student will be responsible for purchasing books prior to disbursement of financial aid for the academic period indicated above.

**HOST INSTITUTION COSTS OF ATTENDANCE FOR ABOVE STUDENT  
(TO BE COMPLETED BY THE COMMUNITY COLLEGE)**

(TENTATIVE pending receipt of Concurrent Enrollment Form from Site Director)

Tuition for \_\_\_\_\_ hours at \$ \_\_\_\_\_ per credit hour = \_\_\_\_\_  
 (Total Credit Hrs) Total Cost  
 Fees, if any \$ \_\_\_\_\_

Host Institution Financial Aid Representative:

Host Institution Registrar Representative:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Host Institution Finance Office Representative:

\_\_\_\_\_

\*\*\*\*\*

(For Home Institution Signature)

\_\_\_\_\_  
 Veronica M. Finch  
 Director of Financial Aid  
 Old Dominion University

\_\_\_\_\_  
Date

(Please complete the reverse side if student is dually-enrolled at the community college.)

## CONCURRENT / CONSORTIUM ENROLLMENT FORM

Student Portion (please type or print)

Name \_\_\_\_\_ UIN \_\_\_\_\_  
Last First MI

Old Dominion University (Home Institution)

Major \_\_\_\_\_ Degree Being Sought \_\_\_\_\_

Advisor Name \_\_\_\_\_

Name(s) of course with corresponding course number you are currently enroll in at the Host Institution:

Course Number	Subject/Course	Credit	Course Number	Subject/Course	Credit
(example) 12345	Subject 101	3	23456	Subject 102	3

**\*NOTE: Failure to list course numbers/subject and credit will delay financial aid processing.\***

Term: \_\_\_\_\_

Year: \_\_\_\_\_

**Student Responsibility:** I understand that if for any reason my financial aid is reduced; I am fully responsible for my community college debts.

Students Signature \_\_\_\_\_

Date: \_\_\_\_\_

### Students Do Not Complete- Advisor Portion

Upon consulting the student's academic transcript, I find that the courses above are fully creditable toward the student's stated degree goal. I further certify that the student has registered for the above courses at a federally approved Old Dominion University site location. I will notify the Financial Aid Office at Old Dominion University should the student's enrollment change. (withdrawal)

\_\_\_\_\_  
Site Director (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Term/ Academic Year \_\_\_\_\_

First Day of Term \_\_\_\_\_

Last Day of Term \_\_\_\_\_

**NOTE TO STUDENT:** Return the completed form to the TELETECHNET Site Director at your community college.