



CONSORTIUM AGREEMENT

OFFICE OF FINANCIAL AID  
 FEDERAL SCHOOL CODE: 003280

\_\_\_\_\_ Semester, 20\_\_\_\_

This agreement, made between Keystone College hereinafter known as the "HOME INSTITUTION", and \_\_\_\_\_ (University/College) hereinafter known as the "VISITING INSTITUTION" provides documentation of cross-registration for the purpose of establishing eligibility for the financial aid of \_\_\_\_\_ SS# \_\_\_\_\_ (print or type student name and social security number), herein known as "STUDENT".

I, \_\_\_\_\_ (student), am currently attending Keystone College for the following purposes:  
 \_\_\_\_\_ (1) obtaining a degree or \_\_\_\_\_ (2) obtaining full credit toward a Bachelor's Degree.

Dept. & No.	Course Title	Credits	Tuition Cost	Total Cost

The HOME INSTITUTION hereby agrees to accept as transfer credit subject to its published policies and regulations the above-listed course(s) and apply those courses to the degree requirements of the STUDENT.

The VISITING INSTITUTION hereby agrees to accept the REGISTRATION of the STUDENT subject to its public policies and regulations for the above-listed course(s) as a degree candidate who intends to transfer the credits earned to the HOME INSTITUTION.

**Student Responsibilities**

- \* The STUDENT hereby agrees to notify the HOME INSTITUTION of any and all changes in his/her status during the semester above indicated.
- \* The STUDENT shall be responsible for properly registering at the VISITING INSTITUTION and shall be subject to all academic and administrative regulations set forth by the VISITING INSTITUTION.
- \* The STUDENT shall be responsible for meeting all financial obligations at any institution attended either through their personal resources and/or financial aid processed by their HOME INSTITUTION. The STUDENT is expected to make payment arrangements directly to the VISITING INSTITUTION.
- \* The STUDENT shall be responsible for requesting that an official transcript of academic credit from the VISITING INSTITUTION be sent to the HOME INSTITUTION immediately following the conclusion of the semester indicated above, and this AGREEMENT shall terminate at that time.

The terms of this AGREEMENT have been explained to me and I fully understand and agree to the terms therein contained.

STUDENT: \_\_\_\_\_ SS# \_\_\_\_\_ PHONE# \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
 (KEYSTONE COLLEGE)

\_\_\_\_\_  
 (VISITING INSTITUTION)

BY \_\_\_\_\_  
 (AUTHORIZED OFFICIAL)

\_\_\_\_\_  
 (AUTHORIZED OFFICIAL)

\_\_\_\_\_  
 (TITLE)

\_\_\_\_\_  
 (TITLE)

\_\_\_\_\_  
 (DATE)

\_\_\_\_\_  
 (DATE)