



## LINCOLN UNIVERSITY OFFICE OF FINANCIAL AID



### Consortium Agreement Procedures

1. Student speaks with his/her financial aid counselor for Consortium instructions and requirements. The counselor provides the Consortium Agreement and guides the student carefully on the steps to follow.
2. Before the student proceeds to use this Agreement at another Institution, the student's Lincoln University account balance **must be zero**. Please confirm the balance with the Bursar's Office and pay the amount due before submitting this Agreement.
3. The Agreement may be utilized **only during the summer session** and enrollment in the Host Institution **must be before June 27<sup>th</sup>**.
4. Student decides on courses at "Host Institution." Lincoln University's Registrar must agree that the courses are transferable and will count towards degree completion at Lincoln University. **Students must be enrolled at least 6 credits hours to be eligible for Financial Aid.** The Registrar completes appropriate section of the Agreement approving the courses.
5. The Office of Financial Aid, if necessary, will fax the Host Institution the Agreement. The Host Institution will complete the enrollment dates, number of instructional time, tuition, fees, books, supplies, room, board, and transportation. **The Host Institution is also responsible for notifying Lincoln University if the student withdraws.**
6. Any financial aid for which the student is eligible is transmitted as a credit to the student's Lincoln University account. Payment will be made directly and sent to the billing department of the Host Institution, **not to the student**. If there is a credit on the student's account after payment to the Host Institution, the Bursar's Office issues a refund check made payable to the student. The student, not Lincoln University, is responsible for all costs incurred at the Host Institution.
7. Student must collect information from Host Institution regarding **cost of attendance, contact person's name, phone number and email address on the Agreement. Also, a copy of the Host Institution's bill, student's class registration and completed student responsibility form must be attached to the Agreement.** Otherwise, if submitted without all the information requested, the Agreement will not be processed.

# LINCOLN UNIVERSITY OFFICE OF FINANCIAL AID CONSORTIUM AGREEMENT



Between  
LINCOLN UNIVERSITY  
And

\_\_\_\_\_ *Host Institution*

**Lincoln University and the institution named above are herein entering into a consortium agreement for:**

<b>Name of Student</b>	<b>Social Security Number</b>	<b>Telephone Number</b>

**This agreement can only be used for this term: Summer 08**

### Section I – Student Criteria

- The student must:**
1. Take courses at the Host Institution, which are transferable to the student’s degree program at Lincoln University.
  2. Be enrolled in a degree-seeking program at Lincoln University, and making satisfactory academic progress as specified by the Lincoln Satisfactory Academic Progress policy.
  3. Submit this completed form along with a copy of a registration form from the Host Institution to the Financial Aid Counselor.
  4. Submit grade transcripts from the Host Institution at the end of the semester.
  5. NOT be receiving financial aid at the Host Institution.

### Section II – To be completed by Lincoln University’s Office of the Registrar

How many of the credit hours which the student is taking at the Host Institution are applicable to the student’s program at Lincoln University?  **(Total number of approved credit hours below)**

Please list the course code/description and number of credits the student is taking at the Host Institution which are applicable to their program at Lincoln University:

Course Code/Description	# of credits per course	Course Code/Description	# of credits per course

<b>Registrar’s Signature</b>	<b>Registrar’s Printed Name</b>
Lincoln University’s Office of the Registrar	
<b>Academic Department</b>	<b>Telephone No. / Email Address</b>

Student's Name:	Student's I.D#:
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<b>Section III – To be completed by the Host Institution</b>
Will the student receive financial aid at your institution? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If “Yes”, STOP.</b> Do not complete the remainder of this form. Please sign the form and return it to the student.

**If “No”, please complete the remainder of this form:**

<b>Dates of Enrollment under this Agreement</b> _____/_____/2008 TO _____/_____/2008	<b>Number of weeks of instructional time</b> _____ (Total Weeks)
<b>Tuition and Fees</b>	\$
<b>Books and Supplies</b>	\$
<b>Room and Board</b>	\$
<b>Transportation</b>	\$
<b>Other</b>	\$
<b>Total</b>	\$

**Lincoln University’s Office of Student Financial Aid will be notified *within 15 days* by the Host Institution if the student withdraws from any classes taken under this agreement.**     Yes     No

<i>Host School’s Financial Aid Officer’s Signature</i>	<i>Please print or type name</i>
<i>Telephone Number / Email Address</i>	<i>Date</i>

**IMPORTANT: PLEASE PROVIDE VERIFICATION OF STUDENT’S ENROLLMENT (i.e Class Schedule), A COPY OF THE SCHOOL BILL AND INCLUDE THE ADDRESS WHERE THE PAYMENT NEEDS TO BE SENT WITH THIS AGREEMENT.**

Please return this form to:

<b>Lincoln University</b> <b>Office of Financial Aid,</b> <b>MSC 142, 101 Lincoln Hall</b> <b>1570 Baltimore Pike</b> <b>Lincoln University, PA 19352</b> <b>Phone # (800) 561-2606/Fax# (484) 365-8198</b>
COMMENTS:



**LINCOLN UNIVERSITY CONSORTIUM AGREEMENT**  
**STUDENT RESPONSIBILITY FORM**

**ANY FINANCIAL AID FOR WHICH I AM ELIGIBLE WILL FIRST BE CREDITED TO MY LINCOLN UNIVERSITY ACCOUNT. THE BURSAR WILL PROCESS A REFUND CHECK MADE PAYABLE TO ME. I AM RESPONSIBLE FOR ALL COSTS INCURRED AT**

\_\_\_\_\_  
**(HOST INSTITUTION)**

**I UNDERSTAND THAT MY FINANCIAL AID MAY NOT BE SUFFICIENT TO COVER ALL OF THE CHARGES ASSOCIATED WITH THE COURSES TAKEN AT**

\_\_\_\_\_  
**(HOST INSTITUTION)**

**I AM SOLEY RESPONSIBLE FOR PAYING MY BILL.**

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Host Institution**