



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 students 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 24th**.
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:

Name of Student	Social Security Number	Telephone Number

This agreement can only be used for this term: Summer 2011

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

Registrar’s Signature

Registrar’s Printed Name

Lincoln University’s Office of the Registrar

Academic Department

Telephone No. / Email Address

Student's Name:	Student's I.D#:
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Section III – To be completed by the Host Institution

Will the student receive financial aid at your institution? Yes No

If “Yes”, STOP. 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:

Dates of Enrollment under this Agreement _____ / _____ /2011 TO _____ / _____ /2011	Number of weeks of instructional time _____ (Total Weeks)
Tuition and Fees	\$
Books and Supplies	\$
Room and Board	\$
Transportation	\$
Other	\$
Total	\$

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:

Lincoln University Office of Financial Aid, Student Union Building, Suite 230 1570 Baltimore Pike Lincoln University, PA 19352 Phone # (800) 561-2606/Fax# (484) 365-8198
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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.

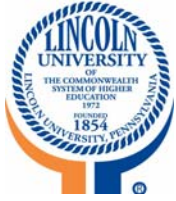
Student's Name

Social Security Number

Student's Signature

Date

Host Institution



Office of Financial Aid
1570 Baltimore Pike
Student Union Building, Suite 230
Lincoln University, PA 19352

484-365-8000 EXT 7810/7564
Toll Free: (800) 561-2606
Fax: (484) 365-8198
www.lincoln.edu

For Internal Use Only

School Term: Summer 2011
Completed By: _____
PLUS Answer: _____
Date: _____

Summer 2011 Federal Direct Parent PLUS Loan Credit Check Authorization Form

PLEASE NOTE: If credit is approved, you will be required to complete an online Federal Direct PLUS Master Promissory Note (MPN).

Student Name: _____ SSN#: _____
(please print)

To Parent Borrower:

I hereby authorize employees in Lincoln University's Office of Financial Aid to submit a Federal Direct Parent PLUS Loan credit check on my behalf for credit consideration for the 2011 summer school term. Completion of this authorization form does not obligate me to the terms and conditions of the loan.

Parent's SSN#: _____ Parent's Date of Birth _____

Parent's Address (no PO Boxes, please): _____

Parent's Home #: _____ Cell #: _____

Parent's E-mail Address: _____
(We will send notification to the email address stated.)

If your loan has been denied based on the credit decision, do you plan to use an endorser (cosigner)? _____
Yes or No

Parent's Signature

Date

Print Parent's Name

PLEASE NOTE: Grandparents and legal guardians are not parents, as defined by the Department of Education, and cannot complete the Federal Direct Parent PLUS Authorization Form.

Parent's Signature

Date