



INDIANA UNIVERSITY FORT WAYNE OFFICE OF STUDENT FINANCIAL SERVICES

2018-2019 Consortium Agreement

Instructions: Complete this form and return to the Office of Student Financial Services.

SECTION I: STUDENT INFORMATION (PLEASE PRINT)

Student First & Last Name

10 digit university ID

Home School (degree - granting school): IU Ft. Wayne

Select the Host School:

<input type="checkbox"/>	IU Bloomington
<input type="checkbox"/>	IU South Bend
<input type="checkbox"/>	IU East
<input type="checkbox"/>	IU Southeast
<input type="checkbox"/>	IUPUC
<input type="checkbox"/>	IUPUI
<input type="checkbox"/>	IU Kokomo
<input type="checkbox"/>	IU Northwest

Select the semester for which you are applying (check only one box):

Fall 2018 (Aug-Dec)

Spring 2019 (Jan-May)

Summer 2019 (May-Aug)

I understand that if I drop credit hours or withdraw completely during the term specified, I may be required to repay financial aid (including student loans) disbursed through the Office of the Bursar. I understand that it is my sole responsibility to pay all charges at the host school by the due date.

Student Signature; To sign this form, print it then provide your signature and date.

Date

SECTION II: ENROLLMENT INFORMATION / ADVISOR VERIFICATION

This section should be completed by your academic advisor.

Host school coursework:

Course #	Course Description	# of credits

A student can only receive federal and state aid for courses that are applicable to the student's certificate or degree program. I certify that the above courses count towards this student's certificate or degree program and are transferrable to IU Ft. Wayne.

IU Ft. Wayne Academic Advisor Signature

Date

Printed name of IU Ft. Wayne Academic Advisor

Advisor E-mail Address