



IUPUC 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): IUPUC

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"/>	IUPUI
<input type="checkbox"/>	IU Kokomo
<input type="checkbox"/>	IU Northwest
<input type="checkbox"/>	IU Ft. Wayne

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 IUPUC.

IUPUC Academic Advisor Signature _____

Date _____

Printed name of IUPUC Academic Advisor _____

Advisor E-mail Address _____