



Federal Aid Consortium Agreement – Spring Semester, 2009

(This form will be accepted through April 1, 2009)

I. Student Information: (to be completed by the student requesting the consortium)

_____		_____		XXX-XX-	
LAST NAME	FIRST NAME	M.I.	LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER		
_____		_____		_____	
BSU ID# (IF KNOWN)	CSI/CWI ID# (IF KNOWN)		E-MAIL ADDRESS		

II. HOME Institution (Please select only one "Home Institution")

"Home Institution" - The institution where you are currently seeking a degree and from which you will receive federal financial aid.

- Boise State University College of Southern Idaho College of Western Idaho

III. HOST Institution (Cannot be the same as the HOME Institution selected above)

"Host Institution" - The institution(s) where you are taking courses to apply toward the degree being sought at the HOME institution.

- Boise State University College of Southern Idaho College of Western Idaho

IV. Student Certification: By signing this agreement, I understand that:

- ✓ I must complete the financial aid application process at my HOME institution including submitting ALL other documentation and other information requested BEFORE this consortium can be approved;
- ✓ I agree to allow the institutions indicated above to share information about me regarding registration, transcripts, and financial aid as necessary;
- ✓ I must be enrolled in at least three (3) credits at the HOME institution to be eligible to participate in this consortium;
- ✓ Courses taken at the HOST institution(s) must apply toward my stated degree intent at my HOME institution;
- ✓ Remedial courses taken at the HOST institution cannot be included in a consortium agreement;
- ✓ My eligibility for financial aid at my HOME institution is based on the courses indicated on this agreement;
- ✓ My HOME institution cannot be BSU if I have earned 70 or more combined credits at CSI and CWI.
- ✓ I agree to IMMEDIATELY inform the financial aid office at the HOME institution of ANY change in enrollment at my HOST institution as my eligibility for federal financial aid may be impacted and I may owe a repayment of previously disbursed financial aid;
- ✓ If I drop all my classes or completely withdraw, I understand that I may be required to repay financial aid balances to both the HOME and the HOST institutions;
- ✓ I am only eligible to receive federal financial aid from the HOME institution;
- ✓ I am asking the HOME institution to pay federal financial aid to me for courses that I agree to complete at both the HOME and HOST institution(s);
- ✓ Financial aid will be disbursed to my student account at the HOME institution. It is my responsibility to pay any remaining charges at the HOME institution AND make tuition and fee payment at the HOST institution;
- ✓ I am required to notify the HOME institution of any other sources of financial assistance (scholarships, tuition waivers, etc.) I am receiving from the HOST institution;
- ✓ Courses taken at the HOST institution apply towards federal aid eligibility only, and will not count towards determining institutional aid eligibility;
- ✓ I understand the satisfactory academic progress standards at my HOME institution will be used when determining my initial and continued eligibility for federal financial aid; I cannot be on SAP probation or conditions if BSU is my home institution.
- ✓ This consortium, if approved, is valid only for Spring Semester, 2009.

STUDENT SIGNATURE

DATE

~ BE SURE TO COMPLETE THE REVERSE SIDE OF THIS DOCUMENT ~

