

# CONSORTIUM AGREEMENT

In order to receive financial aid from Lewis-Clark State College under this consortium agreement, you are required to complete this form and return it to the Financial Aid Office, Lewis-Clark State College, 500 8<sup>th</sup> Avenue, Lewiston, Idaho 83501; Phone (208) 792-2224 or 1-800-933-5272 ext. 2224; Fax (208) 792-2063.

## Definitions:

Parent Institution: The degree-granting institution, Lewis-Clark State College  
Visiting Institution: The institution offering the coursework to degree-seeking students of the parent institution.  
Visiting Student: A degree-seeking student admitted at the parent institution but taking coursework at the visiting institution under this agreement.

The parent institution will accept credits taken at the visiting institution for academic undergraduate coursework applicable to a degree granted by the parent institution. A visiting student enrolled wither partially or wholly at the visiting institution is entitled to evaluation and receipt of all Title IV student financial assistance from the parent institution in accordance with the practices and polices of the parent institution. The parent institution agrees to determine eligibility for and disburse student financial aid funds to visiting students. A student is eligible to receive Title IV financial assistance only from the parent or degree-granting institution. A student requesting to be considered as a visiting student must complete and return this form to the Financial Aid Office at Lewis-Clark State College in order to be considered for Title IV aid at Lewis-Clark State College.

## SECTION I. To be completed by the visiting student

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Major Field of Study: \_\_\_\_\_  
Degree: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_  
Name of Visiting Institution: \_\_\_\_\_

ENROLLMENT PERIOD: (MARK ONLY ONE) FALL 20\_\_ SPRING 20\_\_ SUMMER 20\_\_

List the course(s) to be taken at the visiting institution:

Dept	Number	Title	Credits/Semester hour equivalent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Student Certification:

I understand that by signing this agreement, I am asking the parent institution to pay Title IV financial assistance to me for classes that I agree to complete at the visiting institution. I understand that this consortium agreement will terminate immediately following the conclusion of the enrollment period indicated above and that I will need to complete a new consortium agreement for each period of attendance at the visiting institution. I certify that I will be enrolled as a full-time student (12 credits). To the best of my knowledge all information provided on this form is true and complete.

\_\_\_\_\_  
Visiting Student Signature

\_\_\_\_\_  
Date

