



CONSORTIUM AGREEMENT

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

Definitions:

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

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

SECTION I. To be completed by the student

Name: _____ Social Security Number: _____
 Address: _____ Phone: _____
 Major Field of Study: _____
 Degree: _____ Expected Graduation Date: _____
 Name of Host Institution: _____

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

List the course(s) to be taken at the Host Institution:

Department	Number	Title	Credits/Semester Hour Equivalent

Student Certification:

I understand by signing this agreement, I am asking Lewis-Clark State College to pay Title IV financial assistance to me for classes I agree to complete at the Host Institution. I understand this Consortium Agreement will terminate immediately following the conclusion of the enrollment period indicated above and I will need to complete a new Consortium Agreement for each period of attendance at the Host Institution. I certify I will be enrolled for at least six (6) credits at Lewis-Clark State College. To the best of my knowledge all information provided on this form is true and complete.

Student Signature _____ Date _____

