

CONSORTIUM AGREEMENT FOR DUAL ENROLLMENT



In the matter of financial aid for: (Student Name): _____

(Student SSN or ID): _____

The institutions named below agree to enter into an agreement for the purpose of providing financial assistance to the student listed above. Student agrees to transfer credits earned from host school back to the home school.

Home School

Host School

Gonzaga University Financial Aid
502 E Boone
Spokane, WA 99258-0082
Ph: 509.313.6582
Fax: 509.313.5816
finaid@gonzaga.edu

To be completed by Host School:

Name and location of program: _____

Cost of Attendance (COA)	
Tuition & Fees	
Books & Supplies	
Room & Board	
Personal	
Transportation	
Loan Fees	
Other (please list)	

Dates Represented by COA	
Start Date:	End Date:
Is this a Study Abroad Program?	
Yes	No
Which Describes your Academic Terms?	
Semester	Quarter
# of Credits Represented by COA:	

The above-named **Home** and **Host Schools** do hereby certify the following:

- The HOME school is considered the parent institution for all financial aid matters and will confer a degree upon successful completion of the student's program.
- The HOME school considers the above-named student as at least a part-time student in an approved program of study and will confirm any enrollment certifications.
- The HOME school has granted the above-named student permission to participate in the above-named program of study and will accept transfer credits for courses completed.
- The HOST school agrees not to provide any type of financial aid to the above-named student for the period given above.
- The HOST school agrees to assist the home school with delivery of financial aid funds, if requested.

Host Representative Name:	Signature:	Date:
Home Representative Name:	Signature:	Date:
Student Name:	Signature:	Date:

Please complete this form and return to the Gonzaga Office of Financial Aid