Neumann University

Financial Assistance Office
One Neumann Drive
Aston PA 19014-1298
www.neumann.edu
610-558-5521

Consortium Agreement

Host School:
_____
_____
_____
_____
_____

Home School:
Neumann University
One Neumann Drive
Aston PA 19014-1298
P- 610-558-5521
F- 610-558-5652

Date: _____

Student: _____ SSN: _____ Term: _____

This student is seeking a degree or certificate from Neumann University (NU) and plans to enroll at the Host Institution listed above. This Consortium Agreement will allow the NU FAO to disburse financial aid based on the student's combined enrollment at both institutions. The NU FAO is responsible for determining eligibility and awards, disbursing aid, monitoring academic progress, keeping records, returning funds, and federal reporting requirements. After NU charges are paid, NU will disburse any excess aid to the student. **The student is responsible for using refunds(s) to pay the charges at the Host Institution.**

The Host Institution agrees to complete this form, to confirm enrollment, **to inform NU if the student withdraws from these courses,** and to **not** give the student any Title IV aid during this enrollment period or to award any other financial aid without informing Neumann University- Financial Assistance Office.

Host School Section:

Enrollment Period: From_____ to _____ Tuition & Fee: $_____
(Month/day/year) (Month/day/year) Books & Supplies: $_____

Last day to drop these courses:_____ **Host School Aid for this term:** $_____

Name of Course (OR) Attach Schedule	**Course Number**	**Please Confirm the # of Enrolled Credits**	**Classroom or Online**	**Neumann University Only Approved Course? (Y/N)**
Total Credits:				

	Host Institution	**Neumann University**
Printed Name	_____	_____
Title:	_____	_____
Authorized Signature:	_____	_____
Date:	_____	_____
Fax Number:	_____	610-558-5652_____
Telephone Number or E-mail:	_____	610-558-5521_____