



# Consortium Agreement

EITC Financial Aid Office

Phone: (208) 524-3000

Toll Free: 1-800-662-0261

Fax: (208) 525-7026

[financial.aid@my.eitc.edu](mailto:financial.aid@my.eitc.edu)

1600 S. 25<sup>th</sup> E. Idaho Falls, Idaho 83404

In order to receive financial aid from Eastern Idaho Technical College under this consortium agreement, you are required to complete this form and return it to the Office of Financial Aid, Eastern Idaho Technical College, 1600 S. 25<sup>th</sup> E., Idaho Falls, ID 83404, (208) 524-3000, Ext. 3389

DEFINITIONS	
<b>Home/Parent Institution:</b>	<b>The degree granting institution, Eastern Idaho Technical College</b>
<b>Visiting Institution:</b>	<b>The Institution offering coursework to degree seeking students of the Home/Parent Institution.</b>
<b>Visiting Student:</b>	<b>A degree seeking student admitted at the Home Institution but taking course work at the Visiting Institution under the agreement.</b>

The Home Institution will accept credits taken at the Visiting Institution for academic/technical undergraduate course work applicable to a degree/certificate granted by the Home Institution. A visiting student enrolled either partially or wholly at the Visiting Institution is entitled to evaluation and receipt for 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 visiting students. A student is eligible to receive Title IV financial assistance only from the Home Institution.

## SECTION 1 – TO BE COMPLETED BY THE STUDENT

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Degree You Are Seeking \_\_\_\_\_ 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 and **attach a copy of your Registration/Class Schedule Statement confirming enrollment:**

NUMBER	TITLE	NUMBER OF CREDITS	<i>Approved by EITC Registrar</i>	
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____

### STUDENT CERTIFICATION

*I certify that all information provided on this form is true and complete and ask the Home Institution to include the classes indicated above, which I agree to complete at the Visiting Institution, in determining my eligibility for Title IV financial assistance. I agree to provide the Home Institution with an Official Transcript of my grades from the Visiting Institution immediately following the end of the enrollment period indicated above. I understand that this consortium agreement will terminate upon the conclusion of the enrollment period and that I will need to negotiate a new consortium agreement for each period of attendance at the Visiting Institution.*

*I authorize the Visiting Institution to provide an Official Transcript of my final grades to the Home Institution.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 2 – TO BE COMPLETED BY THE VISITING INSTITUTION**

The student submitting this form to you is requesting financial aid at Eastern Idaho Technical College under a consortium agreement with you institution. Please provide the information requested below. A completed copy of this form will be mailed to you.

Is the above named student receiving Title IV financial assistance through you institution for the enrollment period listed in Section 1? YES  NO

Is the student currently registered for the classes listed in Section 1? YES  NO

These classes begin on \_\_\_\_\_ and end on \_\_\_\_\_.  
MM/DD/YY MM/DD/YY

The total cost for these classes is \$\_\_\_\_\_.

*I certify that the information provided above is accurate. I agree to notify the Office of Financial Aid at Eastern Idaho Technical College if this student withdraws from any of these classes. I also agree to provide a final grade report to the Office of Financial Aid at Eastern Idaho Technical College at the conclusion of the enrollment period.*

\_\_\_\_\_  
Director of Financial Aid, Visiting Institution

\_\_\_\_\_  
Date

**SECTION 3 TO BE COMPLETED BY THE REGISTRAR'S OFFICE AT EASTERN IDAHO TECHNICAL COLLEGE**

The courses listed in section 1, taken at the visiting institution, will be accepted toward the degree stated by this student in Section 1.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

**SECTION 4 TO BE COMPLETED BY THE OFFICE OF FINANCIAL AID, EASTERN IDAHO TECHNICAL COLLEGE**

Eastern Idaho Technical College agrees to pay Title IV assistance based on the information provided in this consortium agreement.

\_\_\_\_\_  
Director of Financial Aid, Eastern Idaho Technical College

\_\_\_\_\_  
Date

*\*Official documentation of enrollment and fee payment at the visiting institution is required prior to disbursement of funds by the Host Institution.*