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## CONSORTIUM/CONTRACTURAL AGREEMENT

For Pace University Students studying abroad or away from Pace University

## Pace University (Home School) BETWEEN and (Host School)

The Home School and the Host School listed above are hereby entering into a consortium/contractual agreement

Section I: To be completed by the Student			
Name:		Social Security Number:	
Telephone Number:		E-mail Address:	
Current Permanent Address:		Address While Studying Away (if known)	
Consortium Period: Summer ☐ Fa	all □	Spring□ Year:	
Under this consortium/contractual agreement, the student will:  1. Be enrolled in a degree, certificate, or other recognized credential program at the Home School.  2. Maintain satisfactory academic progress  3. Take courses at the Host School, which are transferable to his or her Home School degree, certificate, or recognized credential as certified by his or her Home School academic advisor.  4. Provide proof of registration of courses to be taken at Host School  5. Notify the Home School financial aid office if you do not begin attendance at the host school for the above stated period  6. Immediately inform the Home and Host School of any change in enrollment status, including withdrawing from any or all courses or substitution of approved courses.  7. Ensure that the Host School provides the Home School with a Host School academic transcript upon completion of the consortium period.  8. File a FAFSA and complete the required financial aid process prior to all applicable deadlines.  9. Pay tuition, fees, and other expenses as charged by the Home and/or Host School by the payment deadlines. Please confirm with the Host School their individual payment policies as it pertains your program.			
Student's Signature:		Date:	

Section II: To be completed by the Host School Financial Aid/Student Account Officer				
Enrollment dates: From: To:	Number of Credits:			
Tuition & fees: \$	Room & board: \$			
Books & supplies: \$	Transportation:         \$			
Misc. personal expenses: \$	Other (specify):			
<ol> <li>Under this consortium/contractual agreement, the Host School:</li> <li>Certifies that the student listed has been accepted for enrollment in an academic program that meets the Title IV student financial aid eligibility requirements (IF consortium agreement)</li> <li>Will make available applicable student consumer information required under Title IV (IF consortium agreement).</li> <li>Will provide the Home School with documentation of the student's enrollment at the Host School.</li> <li>Agrees to notify the Home School if the student fails to enroll in, or withdraws from, the Host School (to include the withdrawal date and other relevant information).</li> <li>Will provide the Home School with a Host School academic transcript upon completion of the consortium period</li> </ol>				
Host School Financial Aid/Student Account Officer Signature:				
Print Name:	Title:			
E-mail Address:	Date:			
Telephone:	Fax Number:			
Section III: To be Completed by Pace University's Financial Aid Officer  The Financial Aid awards to be received by the student for the stated period of attendance are as follows:				
Federal Direct Loans: UnsubsidizedPlus				
OtherTOTAL AID:	Disbursement Dates :			
NOTE: Students visiting other schools under this consortium agreement, <u>do not</u> qualify for Pace University institutional aid programs, i.e., Merit Scholarships or Endowed Funds. <u>Only IF a consortium agreement, the Home School:</u>				
<ol> <li>Agrees to process the student's Title IV financial aid and provide payment of Title IV funds, if the student is eligible.</li> <li>Will make available applicable student consumer information required under Title IV.</li> <li>Certifies that the student is making satisfactory academic progress toward the completion of his or her degree, certificate, or recognized credential at the Home School.</li> <li>Will conduct Enrollment Reporting to the National Student Loan Data System (NSLDS).</li> <li>Will calculate returns of the Title IV funds, when appropriate.</li> <li>Will maintain Title IV record keeping and reporting requirements.</li> </ol>				
Financial Aid Officer's Signature:				
Print Name/Title:	Date:			
E-mail Address:	Fax # 914-989-8776			