Financial Aid Consortium Agreement-Policies and Procedures

A Consortium Agreement can apply to all Federal Student Aid (FSA) programs according to Federal regulations 34CFR668.6. Under this consortium agreement, students may take courses at a school other than the home institution and have those courses count toward the degree at the student’s home school. Once approved, DCAD Financial Aid Office will disburse financial aid to the student in compliance with the student’s cost of attendance as confirmed from the host school, and calculate student’s financial aid based upon student’s financial need and eligibility for this term. Under this agreement, a student can only receive Title IV assistance for courses that are applicable to the student’s degree program at DCAD. The student may only receive financial aid from DCAD, her/his home college, per the terms of this approved Consortium Agreement.

This consortium agreement is to be used by students who are getting their degree and financial aid from Delaware College of Art and Design and wish to receive financial aid from DCAD while enrolled at another accredited host institution.

In order for the attached Financial Aid Consortium Agreement to be processed by the DCAD Financial Aid Office, you must;

1. Complete the Section I: Student Information and Responsibilities
2. Take the Consortium Agreement to DCAD Admissions to complete Section II: Degree Granting (Home) Institution Authorizations, for transfer credit pre-approval.
3. Take the Consortium Agreement to the second (Host) institution. The Financial Aid Administrator at the other school must complete Section. III: Host College Information and Agreements
4. You MUST attach proof of registration i.e. Copy of Registration Form or Course Schedule from the second (Host) institution listing and confirming all classes you are enrolled for given term.
5. Return the Consortium Agreement and registration documents to DCAD Financial Aid Office.
6. You must notify both Host and Home Financial Aid Offices immediately if you drop your class(s).

The Consortium Agreement will be returned to you unprocessed without the proof of registration and all three sections completed.

Consortium Agreement
Specify Semester you plan to enroll at second college:
(Check one term) ☐ Summer ☐ Fall ☐ Spring

Year

Section I a. : Student Information
Student: ________________________________ Social Security #: XXX-XX-
(Please Print) First Name Last Name

Phone: ( ) ______- _______ Cell: ( ) ______- _______ Email: ________________________________ @ __________________________

I am seeking an Associate Degree from the Delaware College of Art and Design (DCAD) with the following program of study:
☐ Animation ☐ Fine Art ☐ Graphic Design ☐ Illustration ☐ Interior Design ☐ Photography

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and plan to enroll at the host college listed in Section III of this agreement to complete pre-approved courses towards my DCAD degree.

This consortium agreement will allow DCAD to disburse financial aid based on my enrollment at the host institution. DCAD is responsible for determining eligibility and awards, ordering, disbursing aid, monitoring academic progress, keeping records, returning funds, and managing federal reporting requirements. DCAD will disburse any excess aid to the student which he/she qualifies for. The student is responsible for paying the host institution’s charges.

Section I b: Student Responsibilities

☐ 1. I understand I must have all sections of this agreement completed with proof of registration and submitted to DCAD, my home college, for financial aid approval.

☐ 2. I must notify both (Home) DCAD and Host Financial Aid Office s immediately if I drop, withdraw or otherwise fail to complete my classes

☐ 3. I understand and accept responsibility for paying my financial obligations at the host school.

☐ 4. I know I must be enrolled in a course that will be transferable to DCAD and count towards my associate degree.

☐ 5. I understand that I must earn a “C” grade or better to have credits transferred to DCAD.

☐ 6. I further understand that once I complete the course with a C grade or better, I must have the Host Registrar mail my official transcript to DCAD Registrar for transcript posting.

I want to use my following financial aid resources to help pay for my college expenses concurred through this agreement:

☐ Any remaining Federal Pell ☐ Any remaining Stafford Loan funds ☐ Increase my Parent PLUS Loan ☐ Cash

☐ Parent apply for initial PLUS Loan ☐ I apply for Private Student Loan via: __________________________

Specify Lender

I have read, understand, and agree to abide by the terms and procedures of this consortium agreement.

Student Signature: ____________________________ Date: __________/________/________

Section II: Degree-Granting (Home) Institution Agreements

Institution: Delaware College of Art and Design; Financial Aid Office.

Address: 600 N. Market Street, Wilmington, DE 19801.

Phone: (302) 622-8867 ext. 105; 122 Accreditation: Middle State Commission of Higher (MSCHE) and National Association of Schools of Art and Design (NASAD)

Email: thaman@dcad.edu or rgraham@dcad.edu Website: www.dcad.edu

Host College: ____________________________

<table>
<thead>
<tr>
<th>A. Host College Name of Course</th>
<th>B. Course Number</th>
<th>C. # Host College Credits</th>
<th>D. DCAD (Home) College Equivalent Course</th>
<th>E. DCAD Equivalent Course Number</th>
<th>F. # DCAD Credits</th>
</tr>
</thead>
<tbody>
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</table>

Total Credits:

I recommend that the preceding course(s) be approved for the Financial Aid Consortium Agreement since DCAD will accept these course credits towards the student’s degree program at DCAD.

Transfer Credit(s) Pre-Approved by: ____________________________

Print First Name Last Name Title Signature MO DAY YEAR

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Section III a: Host College Information and Agreements

Institution: [Blank]

<table>
<thead>
<tr>
<th>College Name</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Accreditation: ☐ Middle States ☐ Other: __________________________ Website: __________________________

Term Status: ☐ Semester Hours ☐ Quarter Hours

Section III b: Host College Financial Aid Office Confirmations

Our financial Aid Office confirms that __________________________ is enrolled for _____ credits at our college as follows:

First Name Last Name #

Enrollment Period: Summer _____ Fall _____ Spring _____

Start Date: _____/____/_____ End Date: _____/____/_____ Last day to drop these courses: _____/____/_____

Student’s Cost of Attendance (COA) at our Institution for this term:

<table>
<thead>
<tr>
<th>Tuition</th>
<th>$</th>
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<tbody>
<tr>
<td>Fees</td>
<td>$</td>
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<tr>
<td>Room &amp; Board</td>
<td>$</td>
</tr>
<tr>
<td>Transportation</td>
<td>$</td>
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<tr>
<td>Books and Supplies</td>
<td>$</td>
</tr>
<tr>
<td>Other:</td>
<td>$</td>
</tr>
<tr>
<td>Total COA for Period</td>
<td>$</td>
</tr>
</tbody>
</table>

Student has fully paid and enrolled in the courses listed in Section II, A-C. If courses differ, please attach schedule.

The Office of Financial Aid of the Host school agrees to complete this form, to confirm enrollment, to inform DCAD if the student withdraws from these courses, and to not give the student any Title IV aid during this enrollment period.

Host Financial Aid: __________________________ / / / 

Authorizing Official: Print First Name Last Name Title Signature MO DAY YEAR

Phone: (____)_________ - __________________ Fax: (____)_________ - __________________

FAO Email: __________________________@____________________

Please return this completed Consortium Agreement to DCAD Financial Aid Office via:

Fax/Email: 302-792-7101

Or Mail: Attn: Financial Aid Office Delaware College of Art and Design

600 N. Market Street Wilmington, DE 19801

Thank You!

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DCAD Financial Aid Office Use Only******************************************************************************

Consortium Agreement: Received MO DAY YEAR Approved MO DAY YEAR Not Approved MO DAY YEAR

DCAD Financial Aid Officer: __________________________

(Print) First Name Last Name Title Signature MO DAY YEAR

Copy 1: DCAD  Copy 2: Student  Copy 3: Host College  Copy 4: DCAD Transfer Reviewer  Copy 5: DCAD Registrar