

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 Year Year

Section I a. : Student Information

Student: _____ Social Security # : XXX-XX-_____
(Please Print) First Name Last Name Last 4 digits

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

Section III a: Host College Information and Agreements

Institution: _____
College Name Mailing Address City State Zip

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 _____
YEAR YEAR YEAR

Start Date: ____/____/____ **End Date:** ____/____/____ Last day to drop these courses: ____/____/____
MO DAY YEAR MO DAY YEAR MO DAY YEAR

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

Tuition	\$
Fees	\$
Room & Board	\$
Transportation	\$
Books and Supplies	\$
Other:	\$
Total COA for Period	\$

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:** ____ (____) ____ - ____
Area Code Area Code

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!

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

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