



Student Financial Services
 2200 BONFORTE BOULEVARD, PUEBLO, CO 81001-4901
 TEL 719 549-2753 FAX 719 549-2088 sfs@colostate-pueblo.edu

FINANCIAL AID CONSORTIUM AGREEMENT

Student Name (Please Print)

CSU-Pueblo PID #

CSU-Pueblo e-mail address

Daytime Telephone #

Please provide a brief explanation why you are enrolling in coursework at Host Institution:

List the individual course(s) and credits the student is (will be) taking at the Host School which are applicable to his/her academic program at CSU-P. Only transferable courses can be used for a Consortium Agreement. Transferable courses will be initialed by the Registrar's Office and you must have initials before taking to Academic Advisor.						
Course Number:	Course Name:	Credits	Term	Registrar's Office Use		
				CSUP #	CSUP COURSE TITLE	Initials

By signing below, I acknowledge all of the following:

1. All CSU-Pueblo Student Financial Services policies apply, including being enrolled in at least 6 credits hours for the semester at CSU-Pueblo, and my Host Institution credits may not exceed my CSU-Pueblo credits.
2. This completed form and proof of enrollment at Host Institution must be provided to CSU-Pueblo Student Financial Services prior to the last day to add/drop for the semester.
3. The Host Institution coursework *is not* correspondence coursework.
4. Credit hours taken at the Host Institution may not transfer unless a minimum grade is earned.
5. Only federal and state financial aid will be provided for enrollment at Host Institution, and my total aid will not exceed the costs at CSU-Pueblo.
6. I may not receive any financial aid from the Host Institution, and I am responsible for notifying CSU-Pueblo Student Financial Services of any other financial aid I receive.
7. If approved, tuition at CSU-Pueblo will be paid by financial aid awarded and I will receive the remaining credit balance (with the possible exception of PLUS). I am responsible for paying tuition & fees at the Host Institution with these funds.
8. I give permission for the Host Institution to provide my enrollment data and grade reports/transcripts to CSU-Pueblo Student Financial Services upon the conclusion of the semester, and my financial aid for subsequent semesters is pending until then.

Student signature: _____ Date: _____

Academic Advisor signature: _____ Phone# _____ Date: _____



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Name of Host Institution

City & State

Colorado State University-Pueblo (CSU-Pueblo) and the **Host Institution** agrees that:

1. CSU-Pueblo is the degree granting and therefore Home Institution for all financial aid matters.
2. The student will be enrolled concurrently in an approved course of study and only transferable credits are considered for financial aid purposes.
3. Host Institution will not accept a consortium agreement for correspondence courses.
4. Host Institution is responsible for providing enrollment data and grade reports to CSU-Pueblo Student Financial Services (SFS) to establish eligibility for payment of financial aid funds, including any change in enrollment.
5. CSU-Pueblo Student Financial Services Office will determine the amount of financial assistance the student is eligible to receive and make the appropriate payments to the student.
6. Host Institution will not process any financial aid through any sources for the student.
7. The student will pay all appropriate tuition, fees, and other charges to each institution.
8. CSU-Pueblo is responsible for monitoring Satisfactory Academic Progress (SAP), all enrollment reporting (e.g., NSLDS, Clearinghouse, SURDS, etc.), and Return of Title IV funds.
9. The student will sign a copy of this agreement for filing in his/her official student aid file at CSUPueblo. A copy will also be given to the student and Host Institution.

This agreement shall be in effect only during the semester or session indicated. If classes continue to be offered in future terms, a new agreement must be made. **Please attach a copy of the student's proof of registration at your institution.**

Host Institution cost of education for credit hours indicated (see reverse):

Tuition & fees	
Books & Supplies	
Other (please specify: _____)	
Total*	

* For Study Abroad programs, please attach an additional list of all itemized expenses.

Host Institution Printed Name: _____ Signature: _____ Date: _____
 Financial Aid Office: _____

_____ Title _____ E-mail address _____ Telephone # _____
 _____ Printed Name: _____ Signature: _____ Date: _____

CSU-Pueblo SFS: _____