

CHESTNUT HILL COLLEGE- CONSORTIUM AGREEMENT



Name: _____ Student ID: _____
SSN#: _____ Academic Term(s): _____

The following agreement is to provide the legal basis required by the Federal Government for Chestnut Hill College to process federal aid (Pell Grant, SEOG, Carl D. Perkins Loans, Federal Direct Stafford Loans and PLUS Loans) for a student matriculated at Chestnut Hill College but studying at another university or college for a summer semester, one academic semester, or jointly at both institutions for one semester.

The **host institution** at which the above-named student will study for the above-mentioned academic term(s) agrees to provide a transcript of the student's academic record to Chestnut Hill College upon completion of all transferable classes. In addition, the host institution agrees to notify Chestnut Hill College in writing immediately if the student withdraws from the program.

The **STUDENT** shall be responsible for properly registering at the HOST INSTITUTION and for **payment of all charges and fees incurred at the HOST INSTITUTION**. The STUDENT shall be subject to all academic and administrative regulations set forth by HOST INSTITUTION. The STUDENT shall be responsible for providing a billing statement to the Chestnut Hill College Financial Aid Office.

The Chestnut Hill College Dean or academic advisor for the student must approve the work to be undertaken at the host institution, and confirm that this work will be accepted toward completion of Chestnut Hill College's degree requirements. Chestnut Hill College will take into consideration the registration credits at the host institution, and will re-calculate the student's costs and eligibility for aid based on the total number of credits registered.

Student Signature _____ Date: _____



To be completed by the Financial Aid Office of the HOST institution:

Institution _____
Address _____

Enrollment Term Dates _____ to _____
Start End

Number of registered credits per term: _

Student Expenses:

Tuition and Fees _____
Room and Board _____
Books and Supplies _____
Travel _____
Other _____
Total Expenses _____

Host Institution Representative

Name: _____ Title: _____
Phone: _____ Email: _____

Signature _____ Date: _____

Return Completed form to:

Chestnut Hill College, Student Financial Services
9601 Germantown Avenue Philadelphia, PA 19118, U.S.A.
FAX: (215)242-7705 Phone: (215)248-7182 Email: finaid@chc.edu