

Consortium Agreement (To be completed by HOME and HOST Institutions)

The HOME institution, upon receipt of a fee paid statement, agrees to provide payment for the named student, if eligible, under federal Title IV programs. The HOST institution agrees not to provide payments from any federal Title IV programs for the terms identified above, and further agree to the terms of the University System of Georgia - Financial Aid Consortium Agreement.

Student Information

Name _____ Social Security Number _____

Student's Planned Enrollment

Total Hours at Home Institution _____ Intended Term: Fall _____
Total Hours at Host Institution _____ Spring _____
Total Hours at Other Institutions _____ Summer _____
Total Hours for the Term _____

HOST Institution Information

Name: _____ Classes Begin _____
Address: _____ Classes End _____
City: _____ Total Cost based on
State: _____ Zip: _____ Anticipated Enrollment \$ _____
Telephone: _____ Fax: _____ Registrar: _____
Email: _____ Director of
Financial Aid: _____
Bursar: _____
Date: _____ Signature/Title: _____

HOME Institution Information

Please return, by fax, this agreement to:

Person: _Gary Bush_____
Title: _Director_____ Department: __Scholarships & Financial Aid_____
Address: _____
City: _____ State _____ Zip: _____
Telephone: _____ Fax: __ (678) 915-4227 _____
Email: ___gbush@spsu.edu_____