

MARYLHURST UNIVERSITY

FINANCIAL AID OFFICE

17600 Pacific Highway (Hwy. 43)

P.O. Box 261 • Marylhurst, OR 97036-0261

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FAX: 503.635.6585

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Web site: www.marylhurst.edu



MARYLHURST UNIVERSITY CONSORTIUM AGREEMENT

Under this agreement, students may take courses at another university while enrolled in at least 6 credits at Marylhurst University. Courses taken at the other university must count toward the completion of the degree or certificate requirements at Marylhurst University. The total credits from both universities will be used to determine enrollment status and cost of attendance for financial aid purposes. Marylhurst University will be designated as the "home" institution and will process and disburse financial aid. Marylhurst University will be responsible for all documentation and audits regarding financial aid and will monitor Satisfactory Academic Progress. The other university name in the Agreement will be designated as the "host" institution and shall provide the information requested in this Agreement.

THIS AGREEMENT IS ENTERED INTO BY:

Student Name: _____ SSN: _____ ID: _____

AND "home" institution: Marylhurst University for completion of : _____ credits

AND "host" institution: _____ for completion of : _____ credits

During the following term (circle one): **FALL** **WINTER** **SPRING** **SUMMER** Term **20** _____

Proposed courses to be taken at "host" institution (course title and number):

1. STUDENT'S RESPONSIBILITIES CONCERNING THIS CONSORTIUM AGREEMENT:

My signature below certifies that:

- I have met with my academic advisor and obtained approval for transferring these Consortium Agreement credits to Marylhurst University for credit toward the completion of my degree or certificate (#3 below).
- I have registered at the "host" institution (named above) for courses that were approved by my academic advisor.
- I have attached a copy of my registration.
- I understand that charges for classes taken at the "host" institution are my responsibility and that payment must be made by me according to the payment policy of the "host" institution.
- I will provide a copy of my grades from the "host" institution named above to the Financial Aid Offices at Marylhurst University upon completion of the approved courses.

Student Signature: _____ Date: _____

2. MARYLHURST UNIVERSITY FINANCIAL AID ADVISOR:

The student named above has been admitted into a degree or certificate program at Marylhurst University. Marylhurst University will be responsible for processing the financial aid application, disbursing financial aid funds to the student, and monitoring the student's eligibility during the term specified above.

Financial Aid Advisor Signature: _____ Date: _____

3. MARYLHURST UNIVERSITY ACADEMIC ADVISOR:

I have examined the current degree plan for the student named above and approve these courses for completion at the "host" institution (named above). Satisfactory completion of these courses will count toward requirements for a _____ degree when transferred to Marylhurst University.

Academic Advisor Signature: _____ Date: _____

4. "HOST" INSTITUTION FINANCIAL AID OFFICE:

The student named above is enrolled at our institution for _____ credits during _____ term.

Tuition per unit (quarter or semester hour) at our institution is \$ _____.

"Host" Financial Aid Office Signature: _____ Date: _____

5. RETURN COMPLETED FORM TO:

MARYLHURST UNIVERSITY FINANCIAL AID OFFICE

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