Financial Aid Consortium Agreement

Last Name First Name MI BSC ID Contact Phone Number

This Consortium Agreement is entered into by Birmingham-Southern College (the Home Institution) and the Host Institution indicated below. The agreement will remain in effect until terminated by either the Home or the Host Institution.

The Home Institution, Birmingham-Southern College, agrees to:

- Process and award all appropriate federal Title IV, state, and institutional financial aid for which the student may be eligible
- Continue to indicate the student is a regular student, enrolled in a degree program, expecting to receive the degree at Birmingham-Southern College, but receiving a portion of the educational program at the Host Institution
- Maintain all applicable financial aid and other records and to assume responsibility for determining aid eligibility, disbursing funds and distributing any return of funds (i.e., refunds), in accordance with federal, state, and institutional requirements
- Continue to monitor the satisfactory academic progress and other eligibility requirements for the receipt of federal, state, and institutional aid

The Host Institution, _____, agrees to:

- Provide no payment of federal Title I V or state financial aid funds to the student participating in its program
- Inform the Financial Aid Office at Birmingham-Southern College of any funds it will award directly to the participating student
- Inform the Financial Aid Office at Birmingham-Southern College of any change in the participating student's enrollment status (i.e., withdrawal or reduction in hours or courses attempted) as soon as possible
- Submit an official grade transcript to the Registrar at Birmingham Southern College as soon as possible after the completion of the program
- The cost of the program will be (cost is provided by the Host Institution):

Step 1: Host Institution: Complete this section and send to BSC.

Host Institution _____

Program Name _____

Student Name _____

Social Security Number _____

Tuition/Fees	_____
Books	_____
Room	_____
Board	_____
Local Transportation	_____
Airfare	_____
Personal/Misc. Expenses	_____
Other	_____
TOTAL	_____

For the enrollment period: _____ - _____
Mo./Day/Yr. Mo./Day/Yr.

Registered Number of Credits: ____ This number of credits is considered Full-Time ___ Three-Quarter Time ___ Half-Time ___ Less Than Half-Time

Signature _____ Phone: _____ Fax: _____

Name _____ Title _____

E-mail _____ Address _____

_____

_____

Step 2: BSC complete this section and send to the Host Institution:

Home Institution Birmingham-Southern College:

Signature _____ Phone: 205-226-4688 Fax 205-226-3082

Name _____

Title _____ E-mail _____

Aid BSC will award for the indicated term:

Address: Office of Student Financial Aid Services
Box 549016
900 Arkadelphia Road
Birmingham, AL 35254