

LESLEY UNIVERSITY FINANCIAL AID Consortium Agreement

onsoruum Agreement 2021-2022

Lesley University students may use an individually arranged Consortium Agreement when attending another federally accredited institution for a short period of time (e.g., a semester) provided:

- 1) the student will receive a degree from Lesley University,
- 2) the course(s) at the Host Institution are equivalent to Lesley University course(s),
- 3) the course(s) at the Host Institution are approved for full transfer credit towards fulfilling Lesley University degree requirements by the student's academic advisor, and
- 4) the student utilizes financial aid funding from Lesley University.

With an approved Consortium Agreement, Lesley University Office of Financial Aid will determine and process a student's eligibility for federal financial aid for the <u>single semester</u> covered by the Consortium Agreement. If determined eligible, financial aid funding is limited to the Federal Direct Loan, Pell Grant, and/or any State Grant funding for which the student may qualify.

If you are attending a second institution to complete courses for your degree, you must complete a Consortium Agreement. The Consortium Agreement is used to factor in the tuition costs for courses taken at the second institution which will allow Lesley University to properly determine your financial aid award. Any financial aid received from a second institution while receiving financial aid from Lesley University will jeopardize your overall Financial Aid eligibility.

Financial Aid funds for which the student may be eligible will be processed by Lesley University and disbursed to Lesley University. Any credit balance refund will be released to the student in accordance with federal regulation and Lesley University policy. The student is responsible and will be required to pay his/her Host Institution tuition charges up-front at the time of registration as indicated by the Host Institution's policy

It is the student's responsibility to ensure Sections I, II and III of the Consortium Agreement are fully completed prior to submitting it to Lesley University Office of Financial Aid.

The student is required to report any changes in enrollment at the Host Institution to Lesley University Office of Financial Aid

Student's Name: Student's E-mail Address: Student's Street Address: Anticipated Graduation: Anticipated Graduation: Anticipated # of credits you will enroll in at Lesley University during current semester (enter zero if you will not enroll at Lesley): Host Institution Name: Intended Enrollment Period (indicate one semester only):	Section I (To be complet	ed by the student):		
Student's Street Address: Anticipated Graduation: Anticipated Frogram: Anticipated # of credits you will enroll in at Lesley University during current semester (enter zero if you will not enroll at Lesley): Host Institution Name: Intended Enrollment Period (indicate one semester only): Fall Spring Summer Enrollment Dates (one semester only): To:	•	•	Lesley ID#	
Student's Phone number: Anticipated Graduation: Current Lesley Program: Anticipated # of credits you will enroll in at Lesley University during current semester (enter zero if you will not enroll at Lesley): Host Institution Name: Intended Enrollment Period (indicate one semester only):	Student's Name:		Student's E-mail Address:	
Anticipated # of credits you will enroll in at Lesley University during current semester (enter zero if you will not enroll at Lesley):	Student's Street Address:			
Anticipated # of credits you will enroll in at Lesley University during current semester (enter zero if you will not enroll at Lesley): Host Institution Name: Intended Enrollment Period (indicate one semester only):	Student's Phone number:		Anticipated Graduation:	
Host Institution Name: Intended Enrollment Period (indicate one semester only):	Current Lesley Program:			
Host Institution Name: Intended Enrollment Period (indicate one semester only):	Anticipated # of credits you wil	l enroll in at Lesley University dur	ing current semester (enter zero if you will not	enroll at Lesley):
Intended Enrollment Period (indicate one semester only):				
Enrollment Dates (one semester only): From: To: List Below the course(s) in which you have been approved to enroll at the Host Institution:	Host Institution Name:			
List Below the course(s) in which you have been approved to enroll at the Host Institution:				
	Intended Enrollment Period (inc	dicate one semester only): 🔲 Fa	ll □ Spring □ Summer	
Prefix/Number Course Title Lesley University Equivalent # of Credits	Intended Enrollment Period (inc	dicate one semester only): 🔲 Fa	ll □ Spring □ Summer	
	Intended Enrollment Period (ind Enrollment Dates (one semester List Below the course(s) in whice	dicate one semester only): □ Fa	Il □ Spring □ Summer To: oll at the Host Institution:	
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	Intended Enrollment Period (ind Enrollment Dates (one semester List Below the course(s) in whice	dicate one semester only): □ Fa	Il □ Spring □ Summer To: oll at the Host Institution:	t # of Credits

Student Certification:

- I agree that if eligible I will only receiving Federal Direct Loan, Pell Grant, and/or any State Grant funding from Lesley University.
- I will notify Lesley University Office of Financial Aid regarding any changes in enrollment at my Host Institution.
- Sections I, II and III have been fully completed prior to submitting my Consortium Agreement to Lesley University Office of Financial Aid.
- I understand it is my responsibility and I will be required to pay my Host Institution tuition charges up-front at the time of registration as indicated by my Host Institution's policy.

Student Signature:	Date Signed	:

Section II (To be completed by the student's Lesley University Ad Is the above student a matriculating student at Lesley University?		sity Advis	visor): □Yes □No				
Has the student been approved for enrollment in the courses listed in Section I? Will the courses listed in Section I transfer back to Lesley University towards the student's Lesley degree requirements?			Section I?	Section I?			
Signatu	re of Academic or Prog	ram Advisor	_	Date			
Sectio	**************************************	**************************************			******	**************************************	
		y to min/dd/yyyy)			1	vuilloct of Cicul	
Budget	Information:		Dansanal				
	Tuition		Personal				
	Fees		Books/Supp	lies			
	Room		Transportat	ion			
	Board		Other				
	Living Allowance		Total for En	rollment Pe	riod		
	The Host Institution cert University to obtain enro The Host Institution agre Stafford Loan during the If possible, the Host Inst the end of the enrollment Lesley University agrees award, when applicable, second semester. Lesley University agrees	ifies that it is eligible to participate in Willifies that the above referenced student is endlment confirmation following the start of ees that it will not pay the student a Pell experiod of attendance as indicated above witution agrees to notify Lesley University to period stipulated above. It to provide payment to the student unless of will only be paid after Lesley University to monitor the student's program pursuated and for administering the appropriate	nrolled for the course(s) Grant and/or without first central a cotherwise receives what and satisf te refund pole.	e period of at). any campus coordinating vide office proquested in written confirmations actory acade	based function by the mation of the mic progresstudent's re-	s indicated or wills, and that it will University. In the student will student. Any seems the student's enrollers and will be re-	Il not certify a thdraw before cond semester llment for the esponsible for
Printed 1	Name/Title		Printed N	ame/Title			
Date Approved			Date Sign	ned			
			School A	ddress/Phone	e		

Title IV School Code