



Financial Aid Office  
 Cheyney University of Pennsylvania  
 1837 University Circle  
 P.O. Box 200  
 Cheyney, PA 19319-0200  
 Office (610) 399-2302 Fax 610 399-2411

## Consortium Agreement

This document serves as an agreement between Cheyney University of Pennsylvania (degree granting institution) and \_\_\_\_\_ (host institution).

***Cheyney University of Pennsylvania agrees to:***

1. Possess the signed student documents need to obtain transfer credits and Title IV aid;
2. Calculate awards and disburse Title IV funds (not to include state grant);
3. Monitor satisfactory academic progress and other student eligibility requirements
4. Process the return of Title IV funds if the student withdraws
5. Forward funds directly to the host institution
6. Maintain records associated with this agreement

***The Host Institution agrees to:***

1. Provide Cheyney University of Pennsylvania with the actual costs incurred by the student no later than fifteen (15) calendar days after the beginning of the term;
2. Verify the student’s enrollment status for each payment period and to notify Cheyney University promptly in writing if the student withdraws either partially or completely
3. Process the Pennsylvania State Grant for payment, when applicable

***The student agrees to:***

1. Provide a signed copy of the Host Institution form:
2. Register at the Host Institution and follow through with payment of all charges incurred at the Host Institution, as well as abide by all academic and administrative regulations of the Host Institution;
3. Provide a copy of the course schedule and bill to the Office of Financial Aid
4. Ensure that all necessary paperwork is completed at both Cheyney University and the Host Institution;
5. Request and ensure that an official transcript is forwarded to Cheyney University immediately following the conclusion of the term covered by this agreement.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Cheyney ID

\_\_\_\_\_  
 Date

**FOR OFFICIAL USE ONLY**

**For Host Institution:**

\_\_\_\_\_  
 Printed Name of Financial Aid Official

\_\_\_\_\_  
 Title of Financial Aid Official

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**For Cheyney University of Pennsylvania:**

\_\_\_\_\_  
 Printed Name of Financial Aid Official

\_\_\_\_\_  
 Title of Financial Aid Official

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



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## Consortium Agreement Student Data Sheet

Student Name: \_\_\_\_\_ Cheyney ID: \_\_\_\_\_

Host Institution: \_\_\_\_\_

**Enrollment Term:**

Fall _____	From ____/____/____	To ____/____/____	Number of Credits: _____
Spring _____	From ____/____/____	To ____/____/____	Number of Credits: _____
Summer _____	From ____/____/____	To ____/____/____	Number of Credits: _____
Summer _____	From ____/____/____	To ____/____/____	Number of Credits: _____

**Cost of Host Institution:**

**For Cheyney University Only:**

Tuition and Fees: \_\_\_\_\_

\_\_\_\_\_

Room and Board: \_\_\_\_\_

\_\_\_\_\_

**Total Cost:** \_\_\_\_\_

\_\_\_\_\_

**Housing Status at Host Institution:**     Residence Hall     Off-Campus     Commuter

\_\_\_\_\_  
 Print Name and Title (Host Institution)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date