



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 needed 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



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FOR OFFICIAL USE ONLY

For Host Institution:

Name of Institution: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Printed Name of Financial Aid Official

Title of Financial Aid Official

Email

Signature

Date

For Cheyney University of Pennsylvania:

Printed Name of Financial Aid Official

Title of Financial Aid Official

Email

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:

Tuition and Fees: _____
Room and Board: _____
Total Cost: _____

For Cheyney University Only:

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

Printed Name of Official _____

Title of Official _____

Email _____

Signature _____

Date _____

9/2017