



Office of Student Financial Services
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**Financial Aid Consortium Agreement
2021-2022**

Deadlines for Completion of Agreement:

Fall: September 30, Spring: February 15, and Summer: June 15

Cheyney University of Pennsylvania	And
(Home School)	(Host School Name)

Section I: To be completed by Student	
Name:	CU Student ID:
Telephone Number:	Email:
Permanent Address:	Temporary Address (if applicable):
Consortium Period (select one): <input type="checkbox"/> Fall 2021 <input type="checkbox"/> Spring 2022 <input type="checkbox"/> Summer 2022	
<p>The purpose of this agreement is to allow the degree- seeking students to receive financial aid for concurrent enrollment at Cheyney University of Pennsylvania (home institution) and another regionally accredited higher education institution (host institution).</p> <p>Under this consortium agreement the student agrees to:</p> <ol style="list-style-type: none">1. Complete all sections of this form by the deadlines listed above.2. Attach a copy of your registration/course schedule at the host school.3. Inform Cheyney University and Student Financial Services of the host school of any changes in enrollment at the host school.4. Provide the Cheyney's Office of Student Financial Services a copy (official or unofficial) of an academic transcript within 14 days of the completion of the consortium period and/or academic term.5. Pursue a degree only at Cheyney and understand that financial aid is only to be disbursed by Cheyney.6. Pay tuition and fees at Cheyney and the host school.7. Understand that courses taken at the host school will be included in the consideration of Cheyney's Financial Aid Satisfactory Academic Progress.8. Failure to submit a transcript from the host school following the semester in which this agreement is used will delay any future financial aid disbursements at Cheyney University.	
Student Signature _____ Date _____	

Section II: To be completed by Cheyney Academic Advisor

List the course(s) to be taken at the host institution and the course requirement satisfied at Cheyney University during the semester of concurrent enrollment under this consortium agreement

Host institution course title/number	Units	Meets Cheyney requirement for course

I confirm that the courses to be taken at the host institution under this consortium agreement are eligible as transfer units towards the student's degree program at Cheyney University:

Advisor Name _____

Advisor Signature _____

Date _____

Section III: To be completed by the Financial Aid Office of the Host School

Enrollment Period Dates: From _____ to _____

Tuition and Fees: \$ _____

Number of Credits: _____ Term/ Year: _____

Under this agreement the host school:

- Understands that financial aid will only be disbursed by Cheyney University of Pennsylvania.
- Provide Cheyney University with documentation of the student's enrollment at the host school.
- Inform the student that this completed agreement needs to be submitted by the appropriate deadline.

Host School Financial Aid Officer Name _____

Signature _____ **Email** _____ **Phone** _____

To Submit: Either Host School Financial Aid Office or Student can submit this form by email, regular mail, fax or in person to Cheyney's Office of Student Financial Services.

Office Use Only- Office of the Registrar, Cheyney University

Student ID# _____ Last Name _____ First Name _____

Registration in Consortium Course:

Units: _____ Date: _____ Registrar Staff Initials: _____