



Boston University Financial Assistance

Financial Aid Consortium Agreement

This financial aid consortium agreement is required by the federal government for either postsecondary institution listed below to pay or process Federal (Direct Loan, PLUS Loan) or state award for a student who is enrolled as a non degree student at the **Host institution** but is a matriculated graduate school degree candidate at **Boston University**.

Section I. To be completed by the Student

| | |
|-------------------------------|-------------------------------|
| Student's name | Social Security Number |
| Permanent Address | |
| Local Telephone Number | E-mail Address |

*Throughout this document Boston University is referred to as the "Home" Institution. As such, Boston University enters into a consortium agreement with the "Host" Institution named herein.

Home Institution: Boston University **Host Institution:** _____

The student is completing this form for the following semester (check one)
Fall Spring Summer

Proposed courses to be taken at the Host Institution during this semester

| Course Number | Course Title | Credit Hours | Start and End dates |
|---------------|--------------|--------------|---------------------|
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Section II of this form must be completed by an official at the Office of the Academic Dean at your Boston University school/college, and must confirm that the credits to be earned at the Host Institution will be accepted toward the completion of your Boston University degree.

Section III must be completed by an official of the Financial Aid Office at the Host Institution.

All items (front and back) must be completed before Boston University Financial Assistance can process any federal or state financial aid for which you may, as a student matriculated into a degree program at Boston University taking classes at another (Host) institution, be eligible.

Student's Signature _____ **Date** _____

