

**Office of Financial Aid
Consortium Agreement**

Between
THE UNIVERSITY OF PITTSBURGH AT BRADFORD
And

_____ Name of Host School

The University of Pittsburgh at Bradford (Pitt-Bradford) and the school named above are herein entering into a consortium agreement for:

Name of Student	Last 4 of Social Security Number	Telephone No./ E-mail Address

For which semester are you completing this form: Summer Fall Spring 20____

NOTE: Students must complete this form *each semester* for which they wish to receive financial aid under a consortium agreement. Students may not receive more than two semesters of financial aid under a consortium agreement.

Section I – Student Criteria

- The student must:
1. Take courses at the Host School which are transferable to their degree program at Pitt-Bradford
 2. Be enrolled in a degree-granting program at Pitt-Bradford, attending at least half time and making satisfactory academic progress as specified by the Pitt-Bradford Satisfactory Progress policy. Pitt-Bradford will confer a degree upon successful completion of his/her program. (A degree does not need to be conferred for the Teacher’s Certification Program – this is the only exception.)
 3. Submit this form along with a copy of their registration from their Host School to their Financial Aid Office. Please note student is not permitted to be registered for on-line courses under this consortium agreement.
 4. Submit grade transcripts from their Host School at the end of the semester.
 5. NOT be receiving financial aid at the Host School.

Section II – To be completed by the Pitt-Bradford Assistant Dean of Academic Affairs – or – Associate Registrar

How many of the credit hours which the student is taking at the Host School are applicable to their program at Pitt-Bradford? Total

How many of these credits are web-based or online?

Please list the course(s) the student is taking at the Host School which are applicable to their program at Pitt-Bradford (on-line courses will not be considered under this consortium per FA)

Signature, Assistant Dean of Academic Affairs – or – Associate Registrar

Section III – To be completed by the Host School	
Will you be processing financial aid at your institution for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will this student be receiving a scholarship or grant from your institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, specify amount \$ _____	
If you will be processing financial aid at your institution, STOP . Do not complete the remainder of this form. Please sign the form and return it to the student.	

If you will NOT be processing financial aid at your institution, please complete the remainder of this form:

Dates of Enrollment under this Agreement	Number of Credits
to	
Tuition and Fees	\$
Books and Supplies	\$
Room and Board	\$
Transportation	\$
Personal	\$
Other (please specify)	\$
Total	\$

Pitt-Bradford's Office of Financial Aid will be notified by the Host School if the student withdraws from any classes taken under this Agreement or if are registered in an on-line courses.

Yes No

Host School Financial Aid Officer's Signature	Please print or type name
Telephone No. / E-mail Address	Date

The student's funds will be disbursed directly to the student according to cash management regulations, using the term dates your institution has provided. It will be the student's responsibility to pay the balance due to your institution.

Please return this completed form to:

<p>The University of Pittsburgh at Bradford Office of Financial Aid 300 Campus Drive Bradford, PA 16701 (814) 362-7550 or 1-800-872-1787 phone (814) 362-7578 fax</p>
--