NDSU

NORTH DAKOTA STATE UNIVERSITY

Consortium/Contractual Agreement

- If you are seeking financial aid from NDSU for attendance at another institution outside the North Dakota University System (NDUS), sections A through D of the attached form must be completed in full.
- The school with which you wish NDSU to enter into a consortium/contractual agreement is the "Host School." NDSU is considered the "Home School."
- Enrollment through NDUS colleges/universities is encouraged through the collaborative registration process.
- Please contact NDSU's Office of Registration and Records for more information regarding the collaborative registration process.

Deadlines:
Fall Semester – submit by first day of class
Spring Semester – submit by first day of class
Summer Semester – submit by first day of class for 8-week summer session

Instructions:

1. Section A: Complete student section.
2. Section B: List the course(s) for the semester and obtain NDSU Academic Adviser signature for approval.
3. Section C: Read and sign.
4. Mail to the Host School's Registrar's Office.
5. Section D: Host Registrar's Office and Financial Aid Office sign-off for approval.
6. Host School mails form to Associate Registrar at NDSU's Office of Registration and Records.
7. NDSU's Office of Registration and Records approves or denies; sends form to NDSU's Office of Student Financial Services.
8. NDSU's Office of Student Financial Services approves or denies; sends original to NDSU's Office of Registration and Records.

Students are strongly encouraged to complete a Direct Deposit Authorization form in order to prevent delays on any financial aid refund for the semester.

For questions regarding the **REGISTRATION portion** of this form → 701.231.7987; ndsu.registration.records@ndsu.edu

For questions regarding the **FINANCIAL AID portion** of this form → 701.231.8397; brigit.sprenger@ndsu.edu

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A. Student Section

Home School: **NDSU** Host School: _____

Student Last Name: _____ First: _____

Student ID #: _____ Daytime Phone #: _____

Address: _____

City: _____ State/ZIP Code: _____

B. Student Course(s) Section and Adviser Signature

Term/year for Consortium/Contractual Agreement (One semester only): [ ] Fall; [ ] Spring; [ ] Summer; Year _____

Department (Course prefix)	Course Number	Course Title	Course Level (U/G)*	# of Credits	Term Dates

*Course Level: "U" if an Undergraduate Course; "G" if a Graduate Course.

Academic Adviser:

I verify that these courses will be accepted by NDSU for the student's degree or certification program.

NDSU Academic Adviser signature: _____Telephone: _____

NDSU Academic Adviser printed name: _____ Title: _____Date: _____

C. Student Acknowledgement and Signature

I understand all of the following:

- The Consortium Agreement is for one semester.
- I cannot receive financial aid at two institutions during the same semester and should apply for financial aid from my Home School, NDSU.
- **I understand that I am responsible for paying the Host School directly for the tuition and fees owed.**
- I need to obtain the approval of my registrar and academic adviser for the consortium course(s).
- I am aware that enrollment in extended term and/or correspondence courses may have an impact on my financial aid.
- I will attach a copy of my registration at the Host School to this form.
- The consortium course(s), if approved, will be included in measuring Satisfactory Academic Progress (SAP) at NDSU.
- I am aware that I cannot change my enrollment without notifying NDSU's Office of Registration and Records AND NDSU's Office of Student Financial Services.
- I will request that an official copy of my academic transcript from the Host School be sent to NDSU's Office of Registration and Records once the semester covered by the Consortium Agreement has concluded.
- I understand I must be enrolled in at least one degree credit course at NDSU.
- I understand that if I am enrolled at less-than-half-time status at NDSU, my student loans may enter repayment. If I wish to avoid these consequences, I will be enrolled as a half-time student at NDSU.

I have read and understand all Consortium Agreement procedures detailed in this form, and by signing below, I accept all academic and financial responsibilities resulting from this registration transaction:

Student Signature: _____ Date: _____

D. Host School Section:

Registration and Records/Registrar Office:

- *The Host Institution will promptly inform NDSU if student withdraws, or reduces the number of credits attempted. Such notice will include pertinent dates as necessary to monitor satisfactory academic progress.*
- *The Host Institution will direct any correspondence pursuant to this Agreement to the Student Financial Services Office, NDSU.*
- *The student has registered for the course(s) indicated.*

Host School name: _____

Host Registrar signature: _____ Date: _____

Host Registrar printed name: _____ Telephone: _____

Financial Aid Office:

- *During the term specified for U.S. financial aid purposes, student will be considered enrolled at NDSU. NDSU agrees to provide financial assistance if the student is eligible. The student will be considered a visiting student at the Host Institution.*
- *The Host Institution will award **no** Federal or State financial aid. If the Host Institution awards any scholarships of its own to the student, it will promptly inform NDSU to assure that NDSU does not award funds in excess of student's financial need.*

Host Financial Aid signature: _____ Date: _____

Host Financial Aid printed name:_____ Telephone: _____

After completing Section D, the Host School mails this form to:
Office of Registration and Records, NDSU Dept. 5210, P.O. Box 6050, Fargo, ND 58108-6050

North Dakota State University: For Office Use Only

NDSU Registration and Records Office:

I recommend that the course(s) listed be approved for the Consortium Agreement. These course(s) will be accepted by NDSU for the student's degree or certificate program.

This Consortium Agreement is: _____ Approved _____Not Approved

NDSU Registrar signature: _____ Date: _____

NDSU Registrar printed name: _____ Telephone: _____

NDSU Financial Aid Office:

Credits at Host School: _____ Credits at Home School: _____ Total Credits: _____

NDSU Financial Aid signature: _____ Date: _____

NDSU Financial Aid printed name: _____ Telephone: _____