

2022-23 Consortium Agreement
Rush University · Office of Student Financial Aid

INSTRUCTIONS: Under a consortium agreement, your home school (Rush) accepts credit for courses taken at a host school and counts those credits toward completion of your degree at Rush. This agreement must be completely signed and approved by the Office of Student Financial Aid before any financial aid can be released. Retroactive approvals cannot be considered for funding purposes. Rush will consider the cost of the tuition and other cost of attendances elements at the “Host school” in the final approved amount.

All courses taken under consortium will be used in the calculation of your Satisfactory Academic Progress at Rush. Only courses that will transfer back into Rush will be included in this agreement. If any terms of this agreement change, the contract is null and void.

SECTION I – To be completed by the STUDENT

Student Full Name: _____

Rush Student ID: _____ Host institution ID: _____

Enrollment period: Fall _____ Spring _____ Summer _____ (only complete this for one term at a time)

By signing this consortium agreement, I (the student) agree to the following:

- I will notify the Office of Student Financial Aid at Rush if there is a change in my enrollment status at either institution (changes may include withdrawals or drops at the host school).
- I authorize the Host institution to release any required information to the Office of Student Financial Aid in order to finalize my financial aid at Rush. I also authorize Rush to release any information required to enroll at my Host institution.
- I understand that I (the student) am required to make satisfactory payment arrangements at the Host institution.
- I agree that I will only seek financial assistance at Rush while under this agreement.
- Once the course is completed, I will ensure that the Registrar’s office at the host institution sends an official copy of the transcript to Rush University’s Office of the Registrar.

Student Signature: _____ Date: ____/____/____

SECTION II – To be completed by the Rush Administration

The above named student has been approved to attend the Host institution listed below for the term(s) listed. The credits earned at the Host institution will apply to the student’s degree, assuming the student completes all course requirements and acceptable grade(s) is achieved.

Name of approved Host institution: _____

Rush Term for Consortium Hours	Course Prefixes	Number of Associated Credits

Authorized Registrar Signature: _____ Date: _____

Printed Name/Title: _____

Student Name: _____ Rush Student ID #: _____

SECTION III – To be completed by the Host Institution

The above named student is seeking a degree or certificate from Rush University and plans to enroll at the Host institution listed below. This consortium agreement will allow Rush to disburse financial aid to the student’s Rush tuition account based on the student’s combined enrollment at both institutions. Rush is responsible for determining eligibility of awards, disbursing any financial assistance, monitoring academic progress, keeping records, returning funds and the reporting of federal requirements. Once Rush fees are paid, Rush will refund any excess aid to the above named students. **The student is responsible for paying charges at the Host institution.**

- 1. Name of Host institution: _____
- 2. Enrollment period (check all that apply): Fall _____ Spring _____ Summer _____ Nonterm _____
- 3. Dates of enrollment (MM/DD/YYYY): From _____ to _____

Course Enrollment at Host Institution		
Host Term Course	Number of Credit Hours	Semester or Quarter Hours?

5. Please provide the student’s estimated Cost of Attendance that would be associated with the courses the student is intending to take at your institution.

Category	Cost
Tuition	\$
Fees	\$
Books/Supplies	\$

Host institution comments section (optional):

Under this agreement, the Host institution will notify Rush if the student withdraws or drops below the information listed above. The Host institution agrees not to process any financial aid for this student for these courses.

Authorized Signature: _____ Date: _____

Printed Name/Title: _____

Telephone: _____ Email: _____

SECTION IV – To be completed by Rush Student Financial Aid

OFFICE USE ONLY	Date Received	Status		Total Amount Approved
		<input type="checkbox"/> DENIED	<input type="checkbox"/> APPROVED	\$
	Comments:			
	Reviewed By:			