



2011-2012
Consortium
Agreement Form

PURPOSE

This form is used to determine whether a student may receive additional federal and/or state financial aid based on simultaneous attendance at another eligible institution. Units must be applicable to an undergraduate degree granted by Biola University.

REQUIREMENTS

- Student must be enrolled at least half-time, but less than full-time at Biola.
- Consortium agreements cannot be used for abroad programs.
- Units for online classes (outside Biola) cannot be accepted.
- Student must be eligible for federal and/or state aid. Institutional aid is based on number of units at Biola and will not be adjusted by a consortium agreement.

See Policies on Biola's Financial Aid web page for additional information.

I. TO BE COMPLETED BY THE STUDENT

Student Name (Last, First, Middle Initial)

Biola ID#

Social Security #

Permanent Phone #

Permanent Address (Include APT. #)

Expected Date of Graduation

Enrollment Period: (Indicate Semester and Year)

Name of Secondary Institution

List the Courses to be taken at the secondary institution.

Number	Title	No. of Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT CERTIFICATION

I understand that by signing this agreement, I am asking Biola University to provide federal and/or state financial assistance for classes that I agree to complete at the secondary institution. I understand that this consortium agreement will terminate immediately following the conclusion of the enrollment period indicated above and that I will need to complete a new consortium agreement for each period of attendance at the secondary institution. To the best of my knowledge, all information provided on this form is true and complete.

Student Signature

(Required of all applicants)

Date

**THE SECOND PAGE OF THIS FORM IS TO BE COMPLETED BY
THE SECONDARY INSTITUTION AND BIOLA UNIVERSITY**

