



**2008-2009**  
**Consortium**  
**Agreement Form**

**PURPOSE**

This form is used to determine if a student may receive additional aid based on simultaneous attendance at another institution. Complete this form and return it to the Financial Aid Office at Biola University. Biola University will accept credits taken at the secondary institution for academic undergraduate coursework applicable to a degree granted by Biola University. A student enrolled either partially or wholly at the secondary institution is entitled to evaluation and receipt of all federal and/or state student financial assistance from Biola University in accordance with the practices and policies of Biola University. Biola University agrees to determine eligibility for and disburse student financial aid funds to students. A student is eligible to receive federal and/or state financial assistance only from Biola University. Institutional financial aid is determined by the number of units a student is enrolled for at Biola University. A student requesting to participate in the Consortium Agreement must be enrolled for at least half time units at Biola University (except for abroad programs).

**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 OTHER SIDE OF THIS FORM IS TO BE COMPLETED BY THE SECONDARY INSTITUTION AND BIOLA UNIVERSITY**

