



2009-2010
Consortium
Agreement Form

PURPOSE

This form is used to determine if a student may receive additional federal/state aid based on simultaneous attendance at another institution. **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).** 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.

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

