



ST. JOSEPH'S COLLEGE OF NURSING

at St. Joseph's Hospital Health Center

CONSORTIUM AGREEMENT

St Joseph's College of Nursing (the Home institution) and _____ (the host institution).
 As allowed in Student Assistance General Provisions, this Consortium Agreement is entered into between St.
 Joseph's College of Nursing (the home institution) and _____ (the host institution).
 for the purpose of providing Federal and State Financial Assistance to the student named below. This agreement
 shall apply to Federal Pell Grant, New York State Tuition Assistance Program, and Federal Stafford loans.

Student: _____

Social Security #: _____

Period of Enrollment _____

TO BE COMPLETED BY HOST INSTITUTION:

Dates of Enrollment Period
 (one semester only) _____

Course(s) student
 is enrolled in /# cr hours

Course name	# credits
_____	_____

Tuition charges for
 Semester (please
 give fee breakdown)

Tuition	Fees
_____	_____

CERTIFICATION

1. The Host Institution certifies that the above-named student is enrolled for the period of attendance listed.
2. The Host Institution agrees that it will NOT pay the student Federal or State aid during the period of attendance listed.
3. The Host Institution, if aware, will inform St. Joseph's College of Nursing if the student withdraws before the end of the enrollment period listed.
4. St. Joseph's College of Nursing agrees to accept the credits earned at the Host Institution.
5. St. Joseph's College of Nursing will provide payment to the student, if eligible, under the programs listed for the appropriate period of attendance. St. Joseph's College of Nursing will monitor the student's program pursuit and satisfactory academic progress and will administer the appropriate refund policy.

St. Joseph's College of Nursing:

Host Institution:

 Signature

 Signature

 Coordinator of Financial Aid
 Title

 Title

 Date

 Date



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STUDENT CERTIFICATION

By entering into this consortium agreement, I agree to submit a copy of my tuition billing statement and my grade for this course at the end of the semester. I understand that I must pay the Host Institution up front, and will receive any financial aid due to me later in the semester.

I certify that I have completed the registration process at both campuses, and that I must submit a billing/registration statement to St. Joseph's college of Nursing financial aid office within seven (7) days from this date.

I understand that this authorization is for _____ (Course) during the _____ Semester/Term only.

I further understand that if I do not complete the consortium class at the Host Institution, I may accrue a balance and may forfeit my future financial aid at St. Joseph's College of Nursing. I agree to contact the financial aid office at St. Joseph's College of Nursing immediately if I withdraw and/or am unable to complete the class I am registered for at the Host Institution.

Print Name

Signature

Date