CONSORTIUM AGREEMENT
Between
NOVA SOUTHEASTERN UNIVERSITY
And

Name of Host Institution

Nova Southeastern University and the above named institution are herein entering into a consortium agreement for:

Name       NSU ID and SSN   Telephone Number

Section I: To Be Completed by The Student

By entering into this consortium agreement, I understand that I must:
- be fully accepted into an eligible degree or certificate program at NSU and make satisfactory academic progress as specified by the NSU Satisfactory Academic Progress policy;
- take courses at a host institution that are transferable to my degree or certificate program at NSU;
- submit this completed form to the NSU Office of Student Financial Assistance;
- NOT receive financial aid at the host institution;
- pay the host institution immediately for any financial obligations associated with my attendance for this enrollment period including those costs which may be due at the time of registration;
- NOT owe money to NSU for prior semester charges;
- agree that payments received for the same term in which the consortium period occurs will first be applied toward NSU charges incurred for the same term;
- repay any funds for which I become ineligible as a result in changes in my enrollment.

Students Attending a U.S. Institution: Once this completed form is received by the NSU Office of Student Financial Assistance, eligible financial aid funds will be sent to the host institution. You will need to contact the host institution to receive any credit balance(s) that may be due to you.

Students Attending an Institution Abroad: Once this completed form is received by the NSU Office of Student Financial Assistance, eligible financial aid funds will be sent to you after all obligations to NSU have been satisfied. To expedite receipt of these funds, the funds will be sent to the personal checking account designated by you for direct deposit. If you have not set up a direct deposit authorization with NSU, you may download the form from the NSU Web site at www.nova.edu/bursar/forms/direct_deposit.pdf. Otherwise, you may request your financial aid refund check to be sent to the mailing address you provide below:

Street, City, State, Zip

I agree to the terms and conditions as stated in this Consortium Agreement.

Student’s Signature                   Date
Section II: To Be Completed by Student’s NSU Academic Advisor

Please review the student’s account to ensure that the student does not owe any balances and list the course(s) and credit hours the student is taking at the host institution. The course(s) should be accepted by NSU on the same basis as if it were earned at NSU. The course(s) is fully transferable toward the student’s eligible degree or certificate program at NSU.

NSU student account status cleared □ Date

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Signature of NSU Academic Advisor Print Name and Date

Title and Academic Department Telephone Number and Email Address

Section III: To Be Completed by The Host Institution’s Registrar

Please list all of the associations in which your institution is accredited: __________________________________________

NSU will report the student’s enrollment information to the National Student Clearinghouse (NSC). For accurate reporting, please do not report the student’s enrollment to the NSC or on the Student Status Confirmation Report (SSCR).

I certify that the student has registered for classes and total credits of ________ as indicated in Section II. The dates of enrollment from the first day of class to the final exam are: _________________ to ________________.

I further certify that my institution will send an official transcript no later than two weeks after the end date for the course(s) to: Nova Southeastern University, Enrollment Processing Services (EPS), 3301 College Avenue, P.O. Box 299000, Fort Lauderdale, FL 33329-9905. Electronic transcripts may be sent to electronictranscript@nova.edu

Signature of the Host Institution’s Registrar Print Name and Title

Telephone Number and Email Address Date
Section IV: To Be Completed by The Host Institution’s Financial Aid Office

Student Budget:

Tuition and Fees: $___________  Books and Supplies: $__________  Room and Board: $____________

Transportation: $_____________  Personal: $ _________________  TOTAL: $ __________________

Please provide the mailing address to which financial aid checks should be sent (not applicable to institutions abroad).

Institution____________________________________________________________________________

Street:______________________________________ City, State, Zip: ___________________________

- I affirm that this institution is a fully accredited, Title IV institution.
- I agree the host institution will not award financial aid to the student for the enrollment period indicated. The host institution agrees to verify the student’s enrollment and continued eligibility for funds prior to disbursement of aid and before the release of any excess credit balance to the student.
- I agree that I will notify NSU’s Office of Student Financial Assistance, in writing, within 15 days of the dates(s) of withdrawal from the host institution if the student withdraws from any classes taken under this agreement. Upon notification of withdrawal by the host institution, NSU will calculate the student’s eligibility for financial aid and notify the host institution of the results.
- I agree that all Student Financial Assistance (SFA) funds disbursed by the host institution that are determined to be unearned based on the recalculation of the student’s eligibility due to changes in enrollment will be returned to NSU for return to the appropriate SFA program(s). All transactions will be reported back to NSU.
- I agree to return this completed Consortium Agreement to NSU at the address located at the top of page 1 of this agreement.

_____________________________        _____________________________
Signature of the Host Institution’s Financial Aid Officer  Print Name and Title

_____________________________        _____________________________
Telephone Number and Email Address                        Date

Section V: To Be Completed by The NSU Financial Aid Office

By accepting this agreement, NSU’s Office of Student Financial Assistance agrees to the following:

- Financial aid disbursed by NSU is based on the student’s eligibility for federal, state, and institutional funds.
- All financial aid under this agreement will be disbursed by NSU.
- NSU will monitor the student’s Satisfactory Academic Progress (SAP) in accordance with its SAP policy.
- Prior semester NSU charges have been paid in full.

_____________________________        _____________________________
Signature of NSU’s Financial Aid Officer  Print Name, Title, and Date

CSORT, Rev. 6/2014