



**Cheyney University of Pennsylvania**  
**Financial Aid Office**  
 1837 University Circle  
 P.O. Box 200  
 Cheyney, PA 19319-0200  
 610-399-2302 – Office 610-399-2411 – Fax  
 Email: [financialaid@cheyney.edu](mailto:financialaid@cheyney.edu)  
[www.cheyney.edu](http://www.cheyney.edu)

## CONSORTIUM AGREEMENT

This document serves as an agreement between Cheyney University of Pennsylvania (degree granting institution) and \_\_\_\_\_ (the host institution).

***Cheyney University of Pennsylvania agrees to:***

1. possess the signed student documents needed to obtain transfer credits and Title IV aid;
2. process and disburse Title IV funds (not to include state grant);
3. forward funds directly to the host institution.

***The Host Institution agrees to:***

1. provide Cheyney University with actual costs incurred by the student no later than fifteen (15) calendar days after the beginning of the term;
2. verify the student enrollment status for each payment period and to notify Cheyney University promptly in writing if the student withdraws either partially or completely.
3. Process the PHEAA State Grant for payment when applicable.

***The student agrees to:***

1. provide a signed copy of the Continuing Student for Off-Campus Course form;
2. register at the Host Institution and follow through with payment of all charges incurred at the Host Institution as well as to be able by all academic and administrative regulations of the Host Institution.
3. provide a copy of their course schedule and bill;
4. request and ensure that an official transcript is forwarded to Cheyney University immediately following the conclusion of the term covered by this agreement;
5. ensure that all necessary paperwork is completed at both Cheyney University and the Host Institution.

\_\_\_\_\_  
 Student's Name

\_\_\_\_\_  
 SS#

\_\_\_\_\_  
 Date

-----FOR OFFICIAL USE ONLY-----

**Host Institution**

**Cheyney University**

\_\_\_\_\_  
 Print Name of Financial Aid Official

\_\_\_\_\_  
 Print Name of Financial Aid Official

\_\_\_\_\_  
 Title of Financial Aid Official

\_\_\_\_\_  
 Title of Financial Aid Official

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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# CONSORTIUM AGREEMENT STUDENT DATA SHEET

Student Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Host Institution \_\_\_\_\_

**Enrollment Term:**

Fall _____	From _____ / _____ / _____	To _____ / _____ / _____	# of Credits _____
Spring _____	From _____ / _____ / _____	To _____ / _____ / _____	# of Credits _____
Summer _____	From _____ / _____ / _____	To _____ / _____ / _____	# of Credits _____
Summer _____	From _____ / _____ / _____	To _____ / _____ / _____	# of Credits _____

**Costs at Host Institution:**

Tuition & Fees: \_\_\_\_\_

Room & Board: \_\_\_\_\_

Total Cost: \_\_\_\_\_

**For Cheyney Use Only:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Housing Status at Host Institution:**

Residence Hall \_\_\_\_\_ Off-Campus \_\_\_\_\_ Commuter \_\_\_\_\_

\_\_\_\_\_  
Host Institution Name

\_\_\_\_\_  
Print Name and Title (Host Institution)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date