

CCM Consortium Agreement

For Saint Elizabeth University and _____ CCM _____

Please note that a Consortium Agreement must be completed for each term that a student is enrolled in the program listed below, if the student is applying for Financial Aid.

Saint Elizabeth University
Financial Aid Office
2 Convent Road
Morristown, New Jersey 07960

As required in the Code of Federal Regulation (CFR), Part 668.19, Student Assistance General Provisions, and CFR, Part 690.9(a)(1) and (2), Pell Grant Program, this consortium agreement is entered into between the institutions listed below for the purpose of providing financial assistance from the financial aid program(s) listed below to the named student.

A: This agreement is entered into between Saint Elizabeth University (SEU) (the Home School) and CCM (the Consortium School) for the benefit of:

Student's Name _____ SS# _____

SEU ID# _____ Program of Study _____

Do you currently have an Associate's Degree? YES NO please circle

This agreement will apply to:

- Pell Grant
- Subsidized Stafford Loan PLUS
- Unsubsidized Stafford Other (Please Specify) _____

I agree to promptly notify the SEU Financial Aid Office if I withdraw from courses or from the program. I further agree to request from **CCM** an academic transcript to be sent to the SEU Registrar's Office at the conclusion of each semester. Money secured through the SEU Financial Aid Office and not used to pay bills at SEU will be available to me through the SEU Bursar's Office. I will need to contact the SEU Bursar's Office to secure this money. I understand that I will need to contact the SEU Bursar's Office to secure this money, and that I assume responsibility for paying my bill to **CCM**.

Please attach a copy of your schedule at _____ for the semester the Agreement will cover.

Student Signature _____ Date _____

The Financial Aid Office of the Consortium School will receive a completed form from the Home School Financial Aid Office.

B: To Be Completed By The Consortium School

1. School Title IV Code _____
2. Name of Program _____
3. Enrollment Status (check one) _____ Part-time _____ Half-time _____ Full-time
4. Approximate Dates of Enrollment **FROM** _____ **TO** _____
5. Program/Tuition & Fees **US\$**
Room & Board **US\$**
Personal Expense Allowance **US\$**
Round Trip Airfare **US\$**
Other (please specify) **US\$**
TOTAL **US\$**
6. Actual Number of Anticipated Credit Hours _____

C: Certification

1. The Home School certifies that it is eligible to participate in Federal Student Financial Assistance Programs and that the student listed has been accepted for enrollment in the program of study identified.
2. The Home School agrees to accept all advisor, approved, transferable credits from the Consortium School and to maintain proper records when the student transfers credits from the Consortium School.
3. The Consortium School agrees not to pay the student Pell Grant and/or campus based funds, process a Stafford Loan/PLUS Loan, during the enrollment period listed above (B4), or provide institutional funds. The consortium school agrees to provide an academic transcript upon written request of the student.
4. The Home School agrees to provide payment to the student, if eligible, for the period of enrollment (B4). The student will arrange for this payment through discussion with the Home School Business Office.

Signatures: (Please note that regulations require signatures of the Registrar and Financial Aid Director at each school for the purpose of establishing a consortium agreement.)

For The Home School

For The Consortium School

Signature (Financial Aid Officer)

Signature (Financial Aid Officer)

Print Name

Print Name

Title

Title

Signature (Registrar)

Signature (Registrar)

Print Name

Print Name

Date

Date

Updated December 2021