



FINANCIAL AID CONSORTIUM AGREEMENT: STUDENT RESPONSIBILITIES

This Consortium Agreement allows you to attend classes at a school other than Pillar College and have all your combined credits from both schools count toward your enrollment status at Pillar College for Financial Aid reasons. ***You must be taking the majority of your credits at Pillar College.*** You must sign **this** page and return this to the Pillar College Financial Aid office for the Consortium Agreement to be acknowledged. You must also provide the second page **to the school you will be visiting** for them to complete and return to Pillar College on your behalf. We will then sign the agreement and return a copy to the school you are visiting. The Consortium Agreement is not in effect until we return a signed copy to the school you are visiting. Read the stipulations below carefully because some of these items are steps you must take to establish this Consortium Agreement.

Student's Name: _____

SSN#: _____

I, the above named student, agree to all of the following stipulations and responsibilities:

- 1. I agree I must obtain approval from the Pillar College Registrar Office that the courses I intend to take at the school I am visiting (the name of the school being visited: _____) will be accepted as transfer credits.**
- 2. I agree it is my sole responsibility to immediately inform the Registrar and Financial Aid office at Pillar College if I, for any reason, do not complete the course(s) I have enrolled in.**
3. I agree this Consortium Agreement is for only the classes and the period of time stipulated on page-2 by the school being visited.
4. I agree it is my sole responsibility to request an official transcript from the school I am visiting in a timely manner. Credits will not be accepted at Pillar College without an official transcript.
- 5. I agree that if I fail to complete any of the courses I enrolled in at the school being visited that my Financial Aid at Pillar College will be recalculated in accordance with my aggregate total enrolled credits, and I am responsible to pay in full any resulting balance due to Pillar College.**
- 6. I understand my Financial Aid through Pillar College will be DELAYED because I must first submit to Pillar College proof I am attending the course(s) I am taking at the other school before those credits can be counted toward my enrolled credits at Pillar College.**

Signed:

Signature of Student

Date Signed

Signature of Pillar College Financial Aid Advisor

Date Signed



Attention Joel Davis
Asst. V.P. of Finance
60 Park Place, Suite 701
Newark, NJ, 07102

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financialaid@pillar.edu

**FINANCIAL AID CONSORTIUM AGREEMENT
WITH THE SCHOOL BEING VISITED**

Student's Name: _____ SSN#: _____

Permanent Address: _____

The above named student is degree-seeking at Pillar College. However, he/she will be attending _____ as a visiting student during the _____ semester of the _____ academic year.

The student wishes to use financial aid funds, which may include Pell grant, to help defray the cost of attendance during the visiting term(s). In order to facilitate the financial aid process for this student, Pillar College will consider the student to be enrolled in an eligible program of study, award financial aid and be responsible for compliance with established policies including the responsibility for determining refunds and/or repayments resulting from the student's withdrawal from class. **The visited school**, _____, agrees to provide Pillar College with information on the cost of tuition and fees and to verify the student's enrollment. The student's award will be calculated and disbursed by Pillar College. *The visited school agrees to inform Pillar College if the above named student drops or withdraws from any course during this agreement by email to jdavis@pillar.edu or by mail to the address shown above.* The student is responsible for the bill at the visited school.

The contents of this agreement are set forth to comply with the appropriate federal regulations concerning Consortium Agreements. The Financial Aid Office at Pillar College has on file a written statement from an authorized staff member verifying that the student named above will receive full credit towards his/her degree at Pillar College for all credits taken at the visited school.

PLEASE COMPLETE THIS SECTION
(Mail to the address shown above)

Actual Enrollment Status: _____ # of credits

Cost of Attendance at Visited Institution:

Tuition and Fees \$ _____ Room and Board \$ _____ Books \$ _____ Misc. \$ _____

Financial Aid Officers for both schools listed above must sign below:

Signature/Title
Pillar College

Date

Signature/Title
Visited Institution

Date