**CONSORTIUM AGREEMENT**

**Academic Year 2023/2024**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 of Social Security #: \_\_\_\_\_\_\_ Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home School/Degree Granting Institution**

Capitol Technology University

11301 Springfield Road

Laurel, MD 20708

**Other/Visiting School**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Semester(s) of Attendance** :*(circle)* Fall 2023 Spring 2024 Summer 2024

**Number Credit Hours Enrolled:**  Fall 2023 \_\_\_\_ Spring 2024 \_\_\_\_ Summer 2024 \_\_\_\_

**Cost of Attendance:** Visiting Institution Capitol Technology University

Tuition (per credit hour) $ $

Fees $ $

Room & Board Costs $ $

Transportation $ $

Personal Expense $ $

Other $ $

**Capitol Technology University**, home institution, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(other school) are hereby entering into a Financial Aid Consortium Agreement**. Capitol Technology University**, as the d**egree granting institution,** is responsible for processing and disbursing aid and monitoring the student’s eligibility according to the university’s established policies and procedures for calculating awards, disbursing aid, monitoring satisfactory progress, and other student eligibility requirements, keeping the student’s records and distributing Student Financial Aid refunds.

**Authorization**

**Capitol Technology University**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Financial Aid

**Other/Visiting Institution**

We attest that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will not process nor disburse federal or state

(school name)

Financial aid for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during the \_\_\_\_\_\_\_\_\_\_\_\_\_ semester(s).

(student name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Aid Administrator Signature

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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