



DREW UNIVERSITY
 Office of Financial Assistance
 36 Madison Avenue, Madison, New Jersey 07940
 Phone 973-408-3112 Email finaid@drew.edu

INFORMAL CONSORTIUM AGREEMENT

Student Name _____ **Drew ID Number** _____

This agreement is entered into between Drew University and _____
Consortium School

This agreement will apply to:

- Pell Grant NJ Tuition Aid Grant PLUS loan
 Federal Direct Loans Other _____

Student Certification:

- I certify that I am seeking a degree from Drew University and plan to enroll at the Consortium School listed above and have submitted a preapproval with Drew University’s Registrar’s Office for credits taken at the Consortium School which will count toward my degree.
- I agree to promptly notify Drew University if I withdraw from or decrease the number of credits before the conclusion of the program.
- Any financial aid that can be applied to the preapproved credit hours will be disbursed to your Drew University account after the start of classes at the consortium school. If this financial aid creates a credit balance on your Drew account, Drew University will process a refund upon your request. Drew University cannot guarantee that these funds will be available by the payment due date at the consortium school. Therefore, I am responsible to make appropriate payment arrangements at the consortium school.
- I agree to request from the Consortium School an academic transcript to be sent to Drew University at the conclusion of the program. I understand that Drew University will only accept courses in which I earn a grade of C- or better and that the grades I earn will not be included on my Drew University transcript.
- I understand Drew’s receipt of the Consortium school’s transcript, any change in financial aid eligibility, enrollment, and/or failure to complete/pass the agreed upon coursework could result in Drew University canceling or adjusting any processed financial aid which could create a balance due on my student account.
- By signing this form, I agree that Drew University and the Consortium School may share all records pertaining to my enrollment.

Student Signature: _____ **Date:** _____

TO BE COMPLETED BY THE CONSORTIUM SCHOOL

Consortium School Title IV Code _____

Period of Enrollment _____

Course	Credits

Cost of Attendance

Tuition/Fees \$ _____

Books/Course Materials \$ _____

Transportation \$ _____

Other (please specify) \$ _____

Food/Housing \$ _____

Miscellaneous Personal \$ _____

Federal Student Loan Fees \$ _____

TOTAL US \$ _____

SCHOOL CERTIFICATION

•The Consortium School certifies that it is eligible to participate in Federal Student Financial Assistance Programs and that the student listed has been registered for the courses/credits listed. Additionally, the Consortium School agrees not to process financial aid for the student during the enrollment period listed above.

• Drew University agrees to: accept all transferable credits with a grade of C- or better from the Consortium School; determine eligibility and awards; disburse aid and issue refunds; and monitor academic progress, keeping records and returning funds if necessary.

SIGNATURES:

DREW UNIVERSITY

Signature • Financial Aid Officer

Name

Title

Date

Signature • Registrar

Typed Name

Title

Date

CONSORTIUM SCHOOL

Signature • Financial Aid Officer

Name

Title

Date