

Consortium Agreement – NAU as Parent School

| A. Student Information | |
|------------------------|------------------------|
| Student Name: | 7-digit NAU ID Number: |
| Phone: | NAU E-mail: |

Federal regulations require that financial aid only be disbursed through one institution at a time. You must complete this form for each semester you intend to use a consortium agreement. It is your responsibility to pay your non-parent school's tuition and fees out-of-pocket or by payment plan until your financial aid is disbursed by NAU and a potential refund is generated. Email completed and signed form to the Office of Scholarships and Financial Aid at consortium@nau.edu. Incomplete/unsigned forms will not be accepted and will delay processing of the form.

DEADLINES: Fall – August 1

Spring – December 1

Summer – May 1

| B. Eligibility |
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| Enrollment & Eligibility <ul style="list-style-type: none">• Must be enrolled in at least 6 NAU credits and fewer than 12 credits at the non-parent school.<ul style="list-style-type: none">◦ <i>Nursing students may enroll in fewer than 6 credits.</i>• Cannot be considered full-time at both institutions.• Courses at the non-parent school must be transferable to NAU (verified by the Office of Undergraduate Admissions) and not repeats.• Must be financial aid–eligible and meet SAP standards or be on SAP probation.<ul style="list-style-type: none">◦ <i>Students on SAP Suspension are ineligible.</i> Transfer Credit Limits <ul style="list-style-type: none">• Maximum 64 transfer credits apply toward degree conferral.<ul style="list-style-type: none">◦ <i>Exceptions: 90/30 Programs, RN/BSN, and programs approved for over 64 transfer credits.</i>◦ <i>No limit applies for students taking non-parent courses at Arizona Western College.</i> |
| C. Student Attestation – I understand that: |
| <p>An agreement is required for each semester that I intend to do a consortium agreement.</p> <p>An approved consortium agreement affects only the Pell Grant, which may increase upon approval. The agreement does not result in the award of additional types of financial aid to students or an increase in a student's loan eligibility.</p> <p>The grades I receive at my non-parent school will be included and manually calculated for Satisfactory Academic Progress (SAP) requirements at NAU.</p> <p>I am required to send my official transcripts from my non-parent school to Admissions@nau.edu at the completion of the semester.</p> <p>Student Certification: By signing below, I agree to follow the conditions outlined on this form and at https://legacy.nau.edu/office-scholarships-financial-aid/consortium-agreements. I certify that all the information reported on this form is true and accurate to the best of my knowledge. <u>Typed, copied, or electronic signatures will not be accepted.</u></p> <div><div>_____</div><div>Student Signature</div><div>_____</div><div>Date</div></div> |

D. Program Information – Completed by Student

Please check your program:

- ☐ 90/30 Programs, including Nursing non-CEP (Student must request that an NAU academic advisor complete Section F)
☐ Nursing (BSN program and Option for Registered Nurses BSN program)
☐ Arizona Western College
☐ Southwest Native Lands Program
☐ All other Consortium Agreement programs

This consortium agreement is for the term (a consortium agreement is processed one semester at a time):

Fall _____ Spring _____ Summer _____

I am enrolled in _____ credits at NAU and _____ credits at _____ (Non-Parent School name).

E. Courses at Non-Parent School – Completed by Non-Parent School Financial Aid Official

Student Name: _____ ID# (non-parent school): _____

The student is enrolled in the courses below.

| Course Prefix & Number | Course Title | Course Begin and End Dates | Credits/Units | Tuition Per Course |
|---------------------------------------|--------------|----------------------------|---------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Tuition (do not include fees) = | | | | \$ |

By signing below, I acknowledge that I have read and verified that the information listed above regarding this student's enrollment and my institution is accurate and that the listed student is NOT receiving financial aid from my institution.

| | |
|---------------------------------|--------|
| Print name: | Title: |
| Phone: | Email: |
| Financial Aid Office Signature: | Date: |

F. 90/30 Programs – Completed by Student's NAU Academic Advisor

The courses listed by the Non-Parent school (Section E) have been reviewed and can be transferred to the applicable 90/30 program if completed with a "C" or better grade. All other university requirements have been met. Audit courses will not transfer.

| | |
|---------------------------------------|--------|
| Print name: | Title: |
| Phone: | Email: |
| 90/30 NAU Academic Advisor Signature: | Date: |

G. Transfer / Repeat Courses – Completed by NAU Admissions Office

| Course Prefix & Number | Transferrable: Y / N | Repeated Course: Y / N | Notes |
|------------------------|-------------------------|---------------------------|-------|
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|------------------------------|--------|
| Print name: | Title: |
| Phone: | Email: |
| Admissions Office Signature: | Date: |