



SAINT LOUIS UNIVERSITY OFFICE OF STUDENT FINANCIAL SERVICES

Consortium Agreement Information Packet

This packet contains information for Saint Louis University students who wish to attend another institution on a temporary basis. This document applies to Saint Louis University policies only and does not address policies or procedures which may be required by the host institution. Please contact your host institution for information on additional requirements.

This packet contains the following:

1. Instructions and Checklists
2. Consortium Agreement

For Federal Regulations, a Consortium Agreement must exist before Saint Louis University (Home Institution) can award Federal funds to an eligible student attending an institution other than Saint Louis University which is also approved by the U.S. Dept. of Education to receive Federal funding. Under this agreement, Saint Louis University remains the degree granting institution. Coursework completed by the student at the host institution must be approved by Saint Louis University official as applicable toward the student's Saint Louis University degree plan and program curriculum.

Consortium Agreement Instructions & Checklist

_____ *Contact your Department/School of Record to Obtain Approval to Study Away.* All coursework must be authorized and must be transferred back to Saint Louis University as applicable toward your degree.

_____ *Complete the Student Section of the Consortium Agreement and Return to Student Financial Services to be delivered to the Host Institution.* The host institution will complete and return the agreement directly to Student Financial Services. This form must be signed by the Dean of your specific school. This form must be completed in its entirety, or it will cause a delay in the processing of your consortium agreement.

_____ *Enrollment in Direct Deposit.* If interested, please login to your mySLU, access your "Payment Suite", access the "Refunds" tab.

_____ *Follow-Up.* Ensure the host institution has completed and returned the consortium agreement to Saint Louis University.

Signature

Date



**SAINT LOUIS UNIVERSITY
OFFICE OF STUDENT FINANCIAL SERVICES**

Consortium Agreement (Return to Student Financial Services)

Student Section

Name: _____ SLU Banner ID: _____

Social Security Number: _____ Phone Number: _____

Home Institution: **Saint Louis University** _____

Name of Program at Host Institution: _____

Host Institution: _____

Address: _____

Financial Aid Contact: _____

Email: _____ Phone Number: _____

Study Away Enrollment Dates: _____ to _____

Study-away Courses and SLU Equivalents:

<i>Title of Study-Away Course(s)</i>	<i>Satisfies which SLU Course(s)</i>	<i>Amount of SLU credit(s)</i>

Student's signature: I attest by my signature that all information is true and accurate. I understand that the final determination regarding the University's validation and acceptance of my study-away course work requires my submission of an official academic transcript of my work from the above named institution. I authorize each of the two institutions above to exchange all academic and financial information to meet federal regulations regarding my financial aid. I understand that I am NOT eligible to receive any SLU or state scholarships or grants while attending the host institution.

Student Signature

Date

To the Saint Louis University Authorizing Officials: By signing the form below, you acknowledge that the above-named student has met with you to discuss his/her plans to study away and that the courses the student will enroll in will apply toward the student's degree at Saint Louis University and be transferred to Saint Louis University providing a C or better grade is earned in each course.

Authorizing Official Signature

Date

Name and Title of Authorizing Officer