

FINANCIAL AID CONSORTIUM AGREEMENT

Office of Financial Aid Thomas Edison State University III W. State St. Trenton, NJ 08608

Phone:	(609) 633-9658
Fax:	(609) 633-6489
Email:	finaid@tesu.edu
Web site:	www.tesu.edu

This agreement will not pay for the courses you will be taking at the visited institution. You are responsible for paying for the courses at the visited institution. You will be reimbursed for the costs of these courses at a later date (no earlier than 30 days after the semester starts) if there is enough financial aid remaining in your account.

This agreement will make possible the consideration of courses taken at the visited institution for purposes of determining financial aid eligibility.

- The visited institution must participate in the Title IV programs of the U.S. Department of Education and must be an institution accredited by a regional accreditation association.
- The courses taken at the visited institution must be approved by an academic advisor at Thomas Edison State University as appropriate to meet the requirements of the student's degree program.
- The courses taken at the visited institution cannot be distance education courses unless
 - they are distance education courses approved for federal student aid under the Title IV program;
 - they are courses that can be completed within the semester time frame;
 - they cannot be equivalent to courses offered at Thomas Edison State University; and
 - $^\circ~$ they cannot be duplicate courses to those offered by Thomas Edison State University.
- The student must comply with the financial aid policies and procedure requirements of Thomas Edison State University. Consult the Financial Aid Packet provided by the Office of Financial Aid for more information.

To initiate the Ad Hoc Consortium Agreement between the home school (Thomas Edison State University) and the visited institution, the following steps must take place:

- The student completes the Financial Aid Ad Hoc Consortium Agreement and the Advisor Approval Form and obtains the other required signatures (Thomas Edison State University advisor signature, and visited institution financial aid officer signature).
- The student returns both originals to the Thomas Edison State University Office of Financial Aid.
- The Thomas Edison State University Office of Financial Aid determines eligibility and disburses federal student aid based on actual enrollment status **no earlier than 30 days after the start of the semester.**

THUMAS

FINANCIAL AID CONSORTIUM **AGREEMENT**

Office of Financial Aid Thomas Edison State University III W. State St. Trenton, NJ 08608

Phone:	(609) 633-9658
Fax:	(609) 633-6489
Email:	finaid@tesu.edu
Web site:	www.tesu.edu

Student's Name: University ID #:

Permanent Address: _____

The above named individual is a degree-seeking student at Thomas Edison State University. 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 a 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, Thomas Edison State University 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 institution, _____, agrees to provide the student's enrollment as shown above. The student's

award will be calculated and disbursed by the home school. The student has responsibility for the charges incurred at the visited institution.

The contents of this agreement are set forth to comply with the appropriate federal regulation concerning Consortium Agreements. The Office of Financial Aid at Thomas Edison State University has on file a written statement from the student's advisor verifying that the student named above will receive full credit toward his/her degree at Thomas Edison State University for all courses successfully completed at the visited institution.

The undersigned financial aid officials at each school agree to the terms of this Ad Hoc Consortium Agreement.

Cost of Attendance at V	'isited Institution:			
Tuition and Fees \$	Room and Board \$	Books \$	Misc. \$	
Financial Aid officers fo	r both schools must sign below.			
Visited Institution		Thomas Ediso	n State University	
Financial Aid Officer Si	gnature	Financial Aid Off	icer Signature	
Typed Name		Typed Name		
Title IV Code (Federal	School Code)	Title IV Code (F	ederal School Code)	
Phone Number				



FINANCIAL AID CONSORTIUM AGREEMENT

Office of Financial Aid **Thomas Edison State University** III W. State St. Trenton, NJ 08608

Student's Name:		_ University ID)#:	
Date of Birth:	Phone#:			
Permanent Address:				
Advisor at Thomas Edison State University:				-
Visited Institution:				
ACADEMIC YEAR:	SEMESTER	٩:		

COURSE CODE	COURSE NAME	CREDIT HOURS

Advisor's Signature: Date: