



CABRINI Financial Aid Office
UNIVERSITY 610 King of Prussia Road
Cavalier Express Center
Radnor, PA 19087

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www.cabrini.edu

2023-2024 Consortium Agreement

If you are a degree-seeking student at Cabrini University and plan to attend another institution for a term/semester, the consortium agreement must be completed in order to receive your federal financial aid.

A consortium agreement is a contract between the student, Cabrini University (the 'home' institution) and the host institution (the other school). The agreement allows Cabrini University to process federal student aid for the student while the student is taking approved courses at another institution.

Terms and Conditions of this Agreement

By signing this contract you will be agreeing to the following terms:

- I am asking Cabrini University to include my enrollment hours at my host institution for federal, state and other financial aid eligibility (excluding Cabrini University funds) at Cabrini University. I may only apply for financial aid at Cabrini University
- My financial aid assistance will be applied to my balance owed at Cabrini University and Cabrini will send any refund directly to me. It is my responsibility to pay my host institution for any/all balances owed to them. It is also my responsibility to make sure the Bursar's Office has the appropriate billing address in order to mail any refund that is available.
- Financial aid will be applied to my account based on the Cabrini University disbursement schedule
- I agree to authorize my host institution to release any enrollment, academic and tuition related information to Cabrini University for the period of enrollment reflected in this agreement
- I agree to enroll in courses that are transferable to my degree program at Cabrini University
- I understand that I am subject to all policies of Cabrini University and the Financial Aid Office, including the Satisfactory Academic Progress requirements
- I understand that I must notify the Financial Aid Office at Cabrini University if my enrollment status changes while I am enrolled at the host institution
- I understand that I am responsible for getting the completed consortium agreement form back from the host institution and providing it to the Financial Aid Office at Cabrini University. I agree to provide this to the Office of Financial Aid at least four weeks prior to the start of the Cabrini term
- I agree to the Financial Aid Terms & Conditions that are attached to this Consortium Agreement
- I understand that failure to complete this consortium agreement will prevent the disbursement of my financial aid funds

Student Signature

Date

Please Print:

First Name

Last Name

Cabrini University ID

(2023-2024) Consortium Agreement Form

Section I TO BE COMPLETED BY THE STUDENT

Please PRINT

Last Name _____ First Name _____

Cabrini ID Number _____ Cabrini Email Address _____

Name of Host Institution _____

Contact Person _____ Telephone Number _____

Street Address _____

City _____ State _____ Zip _____

Section II TO BE COMPLETED BY CABRINI UNIVERSITY ACADEMIC ADVISOR

IU Advisor _____ Telephone Number _____

College _____

Enrollment: Indicate the term and number of credits expected for registration at each institution for the entire year. Please indicate '0' if the student will not be registered for that particular term. Please DO NOT leave any item blank.

Cabrini University Enrollment: Total Credits Registered:
 Fall Semester (202310) _____
 Spring Semester (202320) _____
 Summer Semester (202330) _____

Host Institution Enrollment: Total Credits Registered:
 Fall Semester (2023) _____
 Spring Semester (2024) _____
 Summer Semester (2024) _____

By signing this contract, I give permission to the above named student to enroll in courses at the host institution and certify that the credits earned there will fulfill degree requirements at Cabrini University.

Signature _____ Date _____

Section III TO BE COMPLETED BY HOST INSTITUTION FINANCIAL AID ADVISOR

Program Costs:

Tuition and Fees	Room and Board	Books and Supplies	Transportation	Miscellaneous	TOTAL

Enrollment:

Enrollment Period (M/D/YR)	Academic Term Type (circle one)	Total Credits Registered
/ /	Quarters Semesters Trimesters	
/ /	Quarters Semesters Trimesters	
/ /	Quarters Semesters Trimesters	

By signing this contract, I agree to notify Cabrini University's Financial Aid Office in writing if the student fails to register, reduces the number of enrolled credits or withdraws from classes.

Signature _____ Date _____