

Walden University

Consortium Agreement

PART I - TO BE COMPLETED BY THE STUDENT

This agreement is entered into between Walden University (the home school) and _____
_____ (the consortium school) for the benefit of:

Student Name: _____ Social Security No: _____

Home Address: _____

PART II - TO BE COMPLETED BY THE CONSORTIUM SCHOOL:

Name & Address of Consortium School: _____

Name of Program at Consortium School: _____ Non Degree Student

Academic Year 20 _____ 20 _____

Semester of Enrollment: Summer Fall Winter Spring

Length of Program in weeks in each Quarter/Semester: _____

Cost of Program: Tuition and Fees _____ Books _____ Travel _____

Indirect Costs: Room & Board _____ Personal _____

Actual Number of Credit Hours Enrolled: _____
Summer Fall Winter Spring

PART III - STATEMENT OF CERTIFICATION:

- A. The Consortium School certifies that the student has been accepted for enrollment in the program listed above.
- B. The Consortium School agrees not to pay the student Pell Grant and/or campus-based funds or process a Stafford Loan during the enrollment period listed above. Further, the Consortium School agrees to notify the Home School if the student withdraws from the program before its conclusion. Satisfactory conclusion of the program will be evidenced by an academic transcript upon written request of the student.
- C. The home school agrees to provide payment to the student, if eligible, for the appropriate period of time. Payment will be made in such a manner as agreed to between the home school and the student. It is the student's responsibility to pay the host school.

PART IV - SIGNATURES - Note: The regulations only permit signatures of Financial Aid Officers.

For the Home School (Walden University):

For the Consortium School:

Signature

Signature

Please type or print name

Please type or print name

Title

Title

Date

Date

RETURN COMPLETED FORM TO:
Office of Financial Aid • 650 South Exeter Street • Baltimore MD 21202
800-WALDENU (800-925-3368)
Fax 410-843-6211