



# LEHIGH UNIVERSITY

Consortium Agreement between Lehigh University and \_\_\_\_\_

Host School

Lehigh University and the school named above are herein entering into a consortium agreement for:

Name of Student

Social Security Number

Telephone Number

For which semester are you completing this form: \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring

NOTE: Students must complete this form *each semester* for which they wish to receive financial aid under a consortium agreement.

## Section I – Student Criteria

The student must:

1. Take courses at the Host School which are transferable to their degree program at Lehigh.
2. Be enrolled in a degree-granting program at Lehigh, and making satisfactory academic progress as specified by the Lehigh Satisfactory Academic Progress policy.
3. Submit this completed form along with a copy of registration from Host School to the Lehigh University Financial Aid Office.
4. Submit grade transcripts from their Host School at the end of the semester.
5. NOT be receiving financial aid at the Host School.

## Section II – To be completed by student's Lehigh Academic Advisor

How many of the credit hours the student is taking at the Host School are applicable to their program at Lehigh?

\_\_\_\_\_

Please list the course(s) the student is taking at Host School, which are applicable to their program at Lehigh:

\_\_\_\_\_  
\_\_\_\_\_

Lehigh Academic Advisor's Signature

Printed Name

Lehigh Academic Department

Telephone Number

Email Address

Please submit to Lehigh University's Office of Financial Aid via the  
[go.lehigh.edu/finaidcenter](http://go.lehigh.edu/finaidcenter), by mail, or by fax (610)758-6211.

You may also contact our office at (610)758-3181 or [financialaid@lehigh.edu](mailto:financialaid@lehigh.edu)

## Section III – To be completed by Host School

Will the student receive financial aid at your institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", STOP. Do not complete the remainder of this form. Please sign the form and return it to the student.

If "No", please complete the remainder of this form.

Dates of Enrollment under this agreement: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Number of weeks of Instructional Time: \_\_\_\_\_

Tuition per credit hour \$ \_\_\_\_\_

Fees \$ \_\_\_\_\_

Books and Supplies \$ \_\_\_\_\_

Room and Board \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

The Office of Financial Aid at Lehigh University will be notified by Host School if the student withdraws from any classes taken under this agreement. \_\_\_\_\_ Yes \_\_\_\_\_ No

Host School's Financial Aid Officer's Signature		Print or Type Name
Telephone Number	Email Address	Date

Comments:

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Please return this form to:

Office of Financial Aid  
27 Memorial Drive West  
Bethlehem, PA 18015

Please submit to Lehigh University's Office of Financial Aid via the  
[go.lehigh.edu/finaidoccenter](http://go.lehigh.edu/finaidoccenter), by mail, or by fax (610)758-6211.  
You may also contact our office at (610)758-3181 or [financialaid@lehigh.edu](mailto:financialaid@lehigh.edu)